



**DISPENSATION CERTIFICATE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

USEF #: \_\_\_\_\_

Discipline: \_\_\_\_\_

Grade and Profile # (if avail.): \_\_\_\_\_

Briefly explain how your disability affects you in everyday living skills i.e., strength, mobility, etc. (also include medical diagnosis):

\_\_\_\_\_  
\_\_\_\_\_

List the compensating aids and adaptive equipment you are requesting:

\_\_\_\_\_  
\_\_\_\_\_

List the exceptions to dress requested:

\_\_\_\_\_

List any other allowances requested:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN APPLICATION WITH MEDICAL DOCUMENTATION TO LAUREEN VIA FAX 908-719-7588,  
EMAIL, [LKJOHNSON@USEF.ORG](mailto:LKJOHNSON@USEF.ORG),  
OR MAIL TO USEF, PO BOX 83, GLADSTONE, NJ 07934**