Claim for reimbursement of costs through Disabled Students' Allowance (DSA) for the academic year 2025/26

Personal Details

Customer Reference Number	Address	University or College

Date of Birth		

		Course
Name	Postcode	

Complete this form to claim any costs you have had to pay in connection with your studies due to a reason relating to your disability, mental health condition or specific learning difficulty. For example:

• Travel costs.

• Books in Braille.

• Photocopying.

• Consumables (batteries, cartridges, paper).

• Additional costs of university or college accommodation.

Please note that the above list is not exhaustive. If you require further information on what you are entitled to claim for, please contact us on **0300 100 0077**.

Please complete the table over the page with details of your costs.

To find out how we'll use the information you provide go to **www.studentfinanceni.co.uk/privacy-notice** to read our Privacy Notice before signing this form.

Alternatively, you can request a copy by writing to the Student Loans Company Ltd at 10 Clyde Place, Glasgow, G5 8DFor by calling our Customer Support Office on **0300 100 0077**.

Declaration

If you cannot sign this form, it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with this form before a signature from that attorney will be accepted.

• I have incurred the expenses shown on this form.

• I will inform you of any changes that occur.

Your full name
(in BLOCK CAPITALS)

Signed | **Date**

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Please attach receipts or invoices as evidence of your purchases.
Please do not include items which are invoiced directly to us.

If we become aware of fraudulent activity we will share the supplier details you give us with Cifas. You need to tell your suppliers that you've given us their details.

Details of your costs	Amount (£)	Name and address of supplier
e.g. photocopying	e.g. £1.00	e.g. Printstore, 10 High Street

Total claimed   **£**