

2025/26

### Personal Details

Customer Reference Number	Name	University or College
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of birth (DDMMYYYY)	Address	Course
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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.
- 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 0607**.

To find out how we'll use the information you provide go to **[www.gov.uk/studentfinance](http://www.gov.uk/studentfinance)** to read our Privacy Notice before completing this form.

Alternatively, you can request a copy by writing to the Student Loans Company at 10 Clyde Place, Glasgow, G5 8DF or by calling us on **0300 100 0607**.

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.



Please attach receipts or invoices as evidence of your purchases.

**Please do not include items which are invoiced directly to us.**

**Details of your costs      Amount (£)      Name and address of supplier**

**Total claimed                      £**

### Declaration

If you cannot sign the form it must be signed on your behalf by your attorney. The Power of Attorney letter must be sent with the application 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**

**Today's date (DDMMYYYY)**

□	□	□	□	□	□	□	□
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