



Application for Accommodations & Services

***Please allow at least one week for The Office of Services for Students with Disabilities (OSSD) to review each application and supporting documentation.*

Section I: Student Information

Name: _____

Today's date: _____

Student ID # (Social Security #): _____

Date Of Birth: _____ Male Female

Mailing Address: _____
(Street & Apt. #)

(City) (State) (Zip)

Phone # (Home): _____

Phone # (Cell): _____

Phone # (Work): _____

Email Address: _____

In case of emergency, whom may we contact on your behalf?

Name: _____

Phone: _____

Relationship (mother, Brother, friend, etc.): _____

Section II: Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in college life.

1. Please indicate your disability type(s). Check all that apply:

- Learning Disability
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or emotional)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Substance Abuse
- Traumatic brain Injury
- Other (Please describe): _____

2. Please check all that apply:

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I wear a hearing aid
- I need to read lips of instructors
- I rely on sign-language interpreting services
- I have difficulty reading the blackboard
- I have difficulty taking notes in class
- I tire easily when I walk distances
- I have difficulty walking up/down stairs
- Other: _____

3. Are you currently taking any medication related to your disability or medical condition?

Yes No

If yes, list all the medications you are taking: _____

Section II: Disability Related Information (Continued)

4. Requested reasonable accommodations (for Office use only):

- Extended time for testing:
 - o One and a half time the standard amount
 - o Twice the standard amount (Double time)
 - o Other: _____
- Reader for exams
- Scribe for exams (answer recorded or written for student)
- Use of computer for exams
- Use of spell-check device for exams
- Semi-private room for exams
- Note-taking services
- Class notes and other materials enlarged or other alternate format
- Sign-language interpreters
- Assistive listening devices
- Adaptive lab equipment or classroom technology
(Please specify: _____)
- Permission to tape record lectures/classes
- Preferential classroom seating
- Assistance with Registration
- Other (please list): _____

5. Briefly describe why you are requesting the above accommodations:

6. Please list any Special Education Services you received while in high school:

7. If you are a transfer student from another college, please list both the college(s) you attended, the reasonable accommodations that you received:

Section III: Agency Information

Do you receive services from any of the following agencies?

- Vocational Educational Services for Individuals with Disabilities (VESID)
- Commission for the Blind & Visually Handicapped (CBVH)
- Veterans Administration (VA)
- Recordings for the Blind & Dyslexic (RFB&D)
- Ticket to Work Program

If yes, Please provide the following information:

Counselor's name: _____

Office Address or Location: _____

Services currently receiving from agency: _____

Section IV: Education Information

Please indicate your status:

- FRESHMAN
- TRANSFER STUDENT
- PERMIT STUDENT
- ADULT & CONTINUING STUDENT
- NON- DEGREE STUDENT

Which high school/GED Center did you attend? _____

What year did you graduate or receive GED? _____

Please indicate what type of diploma with which you graduated from high school:

- New York State Diploma
- GED
- IEP Diploma (Not accepted by CUNY for admissions)
- Other: _____

Section V. Policy on Confidentiality

General Rule:

The Family Educational Rights Privacy act (FERPA) regulates disclosure of disability documentation and records maintained by OSSD. Under this federal act, prior written consent by the student is required before OSSD may release disability documentation or records.

Exception to the Rule:

Under FERPA, OSSD is permitted to release information to any school official that has a “legitimate educational interest” in reviewing such information.

What does this mean?

Professors or other school officials, such as tutors, may request information about the impact of a student’s disability on their ability to learn. OSSD will only share information with other school officials when appropriate and will carefully balance a student’s request for confidentiality and the request for additional, relevant information about the student. OSSD seeks to preserve the student’s wish to keep their disability information and status confidential. OSSD is extremely sensitive to this issue.

FERPA also allows students to inspect and review their files maintained by OSSD. Students have the right to challenge any information contained in the files that is incorrect, misleading, or not accurate and request an amendment to this misinformation.

I have completed the Application for Accommodations as thoroughly and accurately as possible. Furthermore, I have read and understand OSSD’s policy on confidentiality.

Student Signature

Date

OSSD OFFICE USE ONLY

Application Received by: _____
OSSD Staff Member Date