

APPLICATION FOR ACCOMMODATIONS AND SERVICES

This application is for students who are interested in registering with The AccessAbility Center/Student Disability Services (AAC/SDS) and requesting academic adjustments, auxiliary aids, and services covered under the Americans with Disabilities Act of 1990, Amended in 2008, Section 504 of the Rehabilitation Act of 1973, and the Fair Housing Act of 1968. Please ensure that you complete the form, date and sign it, and provide supporting documentation. If your qualified provider completes the *AAC/SDS Request for Disability Documentation Provider Form*, it will serve as supporting documentation. Allow for *at least one week* for the AAC/SDS staff to review this application and supporting documentation, and then you will be contacted for a registration meeting.

General Information

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ EMPLID: _____

Citymail Email: _____ Date of birth (MM/DD/YYYY): _____

Emergency Contact Info (Name & Telephone/Email): _____

How did you learn about this office/who referred you? Check all that apply.

- | | | |
|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Family | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Professor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Email | <input type="checkbox"/> Website | _____ |

Have you ever served on active duty in the US Armed Forces, Reserves, or National Guard? YES NO

Disability Information

Please indicate your disability. Please check all boxes that apply:

- | | |
|------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autoimmune |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Communication Disorder |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Deaf or Hearing Impairment |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Speech & Language Impairment |
| <input type="checkbox"/> Chronic Health | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Substance Abuse (in recovery/treatment) |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Trauma and Stressor-Related (e.g., PTSD) |
| <input type="checkbox"/> Orthopedic/Mobility Impairment | <input type="checkbox"/> Blind or Visual Impairment |
| <input type="checkbox"/> Physical (e.g., Spinal Cord, TBI) | <input type="checkbox"/> Other(s): _____ |
| <input type="checkbox"/> Psychological | _____ |

Describe how your disability impacts you both academically & physically: _____

Do you receive treatments or interventions? Please include medications and side effects: _____

Accommodations and services are individualized and based on the impact of the disability. Check which accommodations and services you are requesting:

- | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Priority registration | <input type="checkbox"/> Alternate format of texts |
| <input type="checkbox"/> Extended time for exams | <input type="checkbox"/> ASL |
| <input type="checkbox"/> Exams administered in a reduced distraction environment | <input type="checkbox"/> CART |
| <input type="checkbox"/> Use of assistive technology for exams | <input type="checkbox"/> Notetaking services |
| <input type="checkbox"/> Use of a calculator on exams | <input type="checkbox"/> Accessible furniture |
| <input type="checkbox"/> Reader for exams | <input type="checkbox"/> Reduced course load (less than full-time) |
| <input type="checkbox"/> Scribe for exams | <input type="checkbox"/> Spell checker |
| <input type="checkbox"/> Permission to record lectures | <input type="checkbox"/> Thesaurus |
| <input type="checkbox"/> Early access to course content | <input type="checkbox"/> Dictionary |
| <input type="checkbox"/> Permit breaks | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Other(s): _____ |

Briefly describe why you are requesting the accommodations and services you checked off:

Have you received accommodations and services at previously attended universities? YES NO
If YES, please indicate the accommodations and services and at which universities: _____

Did you have an Individualized Education Plan (IEP) or 504 Plan in high school? YES NO

If employed, do you receive accommodations at work? YES NO

If YES, please indicate: _____

Educational Information

What year are you in your education? Check only one box:

- 1st Year Undergraduate
- 2nd Year Undergraduate
- 3rd Year Undergraduate
- 4th Year Undergraduate
- 5th Year Undergraduate
- Graduate or Professional
- Not Seeking a Degree

What is your enrollment status this semester? Full time Part time

School & Major: _____

Are you a transfer student? YES NO

If YES, please list the name, city, state of the college/university you have previously attended:

Are you an international student? YES NO

CUNY LEADS

Students who register with the AAC/SDS are eligible for the *CUNY LEADS (Linking Employment, Academics and Disability Services) Program*. CUNY LEADS is a unique individualized career development program that empowers CUNY students with disabilities to acquire the skills and confidence to define their path & launch successful, fulfilling careers.

Support Services: Please check if you receive support from any of the following programs:

Internal Services

- City College Academy for Professional Preparation
- Counseling Center
- Emergency Grants
- Macaulay Honors College
- Psychological Center
- Urban Mentoring and Achievement Network
- Student Support Services Program (SSSP)
- Search for Education, Elevation and Knowledge (SEEK)
- Other: _____

Would you like assistance with registering to vote? YES NO
If YES, AAC/SDS has Voter Registration Forms & Absentee Ballot Applications

External Services

- NYS Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
- Commission for the Blind and Visually Impaired
- Psychiatrist
- Psychologist
- Other: _____

I affirm to the best of my knowledge that the information I have provided in this form is true and accurate. I understand that completing this form is the initial step in the registration process. My request will be reviewed and approved based on the information provided on this form, the self-report from the registration, and supporting documentation.

Student's Name (please print): _____ **Date:** _____

Student's Signature: _____

Confidentiality Disclaimer

AAC/SDS is committed to ensuring the protection and maintenance of student records. All student records housed in the AAC/SDS are considered both HIPAA & FERPA protected since they contain educational and medical/psychological information. AAC/SDS staff will not release information related to disability unless a registered student with a disability has given informed consent, the AAC/SDS receives a court order to release student records, or if the AAC/SDS determines the student is a threat to their own safety or the safety of others. For the full confidentiality disclaimer: www.ccnycunyu.edu/accessability/confidentiality-statement