Disability Request for Accommodations Form

Center: ___________________________ Date: _____________ ID: __________________

Student Name: ____________________________________________

Address: ___________________________________________________________________
__________________________________________________________________________

Primary Phone: ________________________ Additional phone: __________________

Email: (Required) _________________________________________________________

Area of Study: ___________________________ Primary Mentor: ____________________

Please check areas that apply:
___ Veteran     ___ ACCES-VR (formerly VESID)     ___ CBVH

All SUNY colleges and universities are required to offer students with disabilities the opportunity to register to vote. If you are not registered to vote where you live now, would you like to apply to register here today?
__ Yes      __ No, because I choose not to register
__ I am already registered at my current address
__ I asked for and received a mail registration form

Please describe your disability: ________________________________________________
___________________________________________________________________________
___________________________________________________________________________

When were you diagnosed with this disability? ________________________________

Who diagnosed this disability? ______________________________________________

If it is requested, can you provide current documentation of this disability?*________

What accommodations are you requesting? ______________________________________
___________________________________________________________________________

*The following accommodations require documentation. If requesting, please indicate below:

Alternative Textbooks ________ ADA Part-Time TAP _________

For office use only:
___ Approved    ___ Denied    ___ More information requested    ___ Documentation rec’d

DX codes: __________________________ AC codes: __________________________ NVRA code: ________

Decision by: __________________________

Entered: EMER: ___ Email sent (student, disability rep, primary mentor): _____________
Date: ________________ Staff initials: ______________________

Submit Your Completed Form To:

Email: Disability.Services@esc.edu; Fax: 518-584-3098 Telephone: 1-800-847-3000 extension 2244
Mail to: Office of Accessibility Resources and Services, Empire State College
113 West Avenue, Saratoga Springs, New York 12866

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