

FINGER LAKES COMMUNITY COLLEGE DISABILITY SERVICES APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Today's Date: _____

Student ID # : _____ Date of Birth: _____

E-Mail Address (most used): _____

Mailing Address: _____

(where we can reach you during the academic year)

Phone Number: _____

ACADEMIC INFORMATION

Type of High School Diploma Received: Regents Local IEP GED

Degree Program/Major: _____

DISABILITY-RELATED QUESTIONS

Check here if you receive: VESID support SSI Other: _____

Check here if you: use a wheelchair use a guide animal

DISABILITY INFORMATION

Please submit complete written documentation of the disability from an appropriate and qualified source. The documentation must be current (within the last four years), clearly state a detailed diagnosis and include a rationale for accommodations.

Please identify your diagnosed disability –

STUDENT SERVICES:

The following accommodations/services may be requested depending upon documentation

Adaptive Equipment

Testing Accommodations

Notetakers

Parking Accessibility

Document/Text Conversion to Larger Font Braille Electronic

Other: (please specify)

1. _____

2. _____

RELEASE OF INFORMATION

Please read carefully:

I understand that I am responsible for submitting current documentation specific to my disability(ies) as it pertains to the requested accommodations/services I have specified above. Upon receipt and consideration of such documentation, accommodations/services will be determined and subsequently discussed during a personal consultation with the Disability Services Office.

I understand that provision of these accommodations/services may involve disclosing disability record information provided by me to appropriate college personnel participating in the accommodation process.

Student Signature _____

Date
