

FINGER LAKES COMMUNITY COLLEGE DISABILITY SERVICES APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Date: _____

Student ID #: _____ Date of Birth: _____

E-Mail Address (most used): _____

Permanent Address: _____

Phone Number: _____

ACADEMIC INFORMATION

Degree Program/Major at FLCC: _____

Where do you plan on taking classes? (check all that apply) Main Campus Online

Newark Campus Center Victor Campus Center Geneva Campus Center

DISABILITY-RELATED QUESTIONS

Check here if you receive: ACCES-VR support Other: _____

Check here if you: use a wheelchair use a service 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 (Dragon, Kurzweil and/or C-Pen)

Testing accommodations

Note taking assistance

Interpreter

FM system

Document/Text Conversion to Larger Font Braille Electronic

Audio Books

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
