Disability Request for Accommodations Form

Student Name: ______________________ Date: _____________  ID: ______________________
Address:____________________________________________________________________________
____________________________________________________________________________________
Primary Phone: ________________________ Additional phone: ___________________________
SUNY Empire Email:___________________________________________________________________

Please check one:
___ Undergraduate Programs   ___ Graduate Studies       ___ School of Nursing & Allied Health
___ Harry Van Arsdale Jr. School of Labor Studies   ___ International Education

Area of Study: ______________________  Primary Mentor: ______________________

Please check areas that apply:
___ Veteran  ___ ACCES-VR (formerly VESID)  ___ NYS Commission for the Blind

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

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:    Banner: ___ Email sent (student, instructors, primary mentor): _____________
Date: ________________  Staff initials: __________________

Submit Your Completed Form To:  Rev. 3/21/2023
Email: Disability.Services@sunyempire.edu;  Fax: 518-584-3098  Telephone: 1-800-847-3000 extension 2244
Mail to: Office of Accessibility Resources and Services, Empire State University
113 West Avenue, Saratoga Springs, New York 12866