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 rational 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 __________