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 rational 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

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