

Disability Resources

Admitted Student Request for Accommodations Form

Mail to: Taylor Hall, PO Box 270195, Rochester, NY 14627
 Fax to: 585-276-2805 OR E-mail to: disability@rochester.edu
 Or drop off at front desk



Students are not considered to have made an accommodation request until submitting this self-report form and/or intake interview.

Name:	Student ID #:	Date:
UR Email:	D.O.B/Age:	Intended Major:
Address:	City/State/Zip:	Phone:
Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____		
What is your disability and when were you first diagnosed? Primary Diagnosis _____ Secondary Diagnosis _____		
In your own words, please describe your disability: 		
Describe past use of disability accommodations: (approved during high school or other college; granted for college board exams)		
What accommodations are you requesting? (be specific)		
Do you use any assistive technology and/or software? (i.e., FM System, Braille, JAWS, Kurzweil, Dragon)		
Would your disability hinder you from evacuating a building in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that the information provided on this form is accurate. I understand that to be eligible for disability accommodations, I must: <ol style="list-style-type: none"> 1) submit this completed form, 2) submit professionally prepared documentation (guidance can be found at http://www.rochester.edu/disability, and 3) participate in an intake interview with an access coordinator. My signature authorizes Disability Resources to discuss my documentation with the clinician who authored the documentation or a similarly-qualified University of Rochester consultant, if further clarification is required for the purpose of determining reasonable accommodations.		
Signature:	Date:	
<u>Admin Use Only</u>		
Form Received Date:	Appt. Date:	
Access Coordinator:	Documentation Received Date:	
Approved Accommodations:		