



Disability Request for Accommodations Form

Student Name: _____ Date: _____ ID: _____
Address: _____

Primary Phone: _____ Additional phone: _____

Email: (Required) _____

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) CBVH

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: Nearest Location:
Entered: EMER: Email sent (student, disability rep, primary mentor):
Date: Staff initials:

Submit Your Completed Form To:

Email: Disability.Services@esc.edu; Fax: 518-584-3098 Telephone: 1-800-847-3000 extension 2244

Mail to: Office of Accessibility Resources and Services, Empire State College
113 West Avenue, Saratoga Springs, New York 12866

Rev. 1/4/21