

Please type or print information and return to the Disability Access Office. Information contained on this form is confidential to the extent permitted by law. Your accommodation request will be processed only when the requested medical documentation is attached. Use additional pages as necessary.

Student's Name: _____**E-mail Address:** _____**Student ID #:** _____**Program of Study:** _____**Local Address** _____**Local Phone #** _____**Permanent Address** _____**Permanent Phone #** _____**The nature of my disability is:**

Physical Psychological Learning Disability Vision Hearing Systemic

Condition: _____

(Please attach any pertinent medical documentation along with the disability verification form to complete this request.)

Are you receiving services from another agency? Yes No. If so, which agency? _____**Accommodations you have you received in the past:**

<input type="checkbox"/> Large Screen Print	<input type="checkbox"/> Alternative Testing	<input type="checkbox"/> Priority Registration
<input type="checkbox"/> Assistance with faculty contacts	<input type="checkbox"/> Taped/Audio Books	<input type="checkbox"/> Note Taker
<input type="checkbox"/> Taped Lectures	<input type="checkbox"/> Scribe	<input type="checkbox"/> Building Orientation
<input type="checkbox"/> Sign Language Interpreter	<input type="checkbox"/> Oral Interpreter	<input type="checkbox"/> Time-Management Skills

Other (please specify):

I understand that verification of my disability must be filed with the Disability Access Office before I can receive services, and that it is my responsibility to provide verification. I also understand that Disability Access may provide verification that I have a disability, on a "need to know" basis only, to other units of the campus community.

Signature: _____ **Date:** _____**Send Application and Verification of Disability to:**cperez3@newschoolarch.edu

fax: 410-209-8041

phone: 619-684-8829