# ACCOMMODATION REQUEST FORM

## STUDENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| NYFA Email |  | | |
| Student ID: |  | | |
| Date of Birth: | |  |

## ACCESSIBILITY SPECIFIC INFORMATION

Instructions: There is much variability within each accessibility category, and therefore, the type of accommodations can vary significantly. Student needs vary according to each individual. Therefore, it is important for the participating student to clarify the particular accommodations she or he requests

**My diagnosed disability falls into the following categories (please check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attention Deficit Hyperactivity Disorder |  | Deaf/ Hard of Hearing |
|  | Autism Spectrum |  | Learning Disability |
|  | Blind/Low Vision |  | Mobility |
|  | Chronic Health |  | Other |
|  | Cognitive |  | Traumatic Brain Injury |
|  | Psychological |  | Temporary Injury or Condition |

**How does your disability affect you academically?**

**How does your disability affect your ability to get around campus and attending class?**

**Have you had accommodations put in place previously at another school? (Circle one)**

**Yes** **No**

**If so, when did you last received and use accommodations?**

**What accommodations have you used previously?**

**Do you have supporting documentation? (medical documentation, psychological/neurological testing report) (Circle one) Yes No**

**Please email all supporting documents to:**

[Deanofstudents@nyfa.edu](mailto:Deanofstudents@nyfa.edu)

**Or drop them off at:**

Dean of Students Office

17 Battery Place, Room 101

NY, NY 10004