

## **Registration Process for Accessibility Services**

As a college student with a disability, you will need to request your academic adjustment through the Accessibility Services Office.

**STEP 1:** Make an appointment to meet with the Director or Learning Specialist to discuss your academic adjustments. At the meeting, please bring

A. A completed Registration Form.

B. Documentation supporting your request.

For most students, "documentation" is your IEP or 504 plan from your high school AND the most recent psychological-educational evaluation. If this does not apply to you, please read our Documentation Requirements for the acceptable form of documentation to submit.

**STEP 2:** Check your campus email at least a week before classes start. You will have an email with your academic adjustment letter attached. You can then "Forward" the email to your professors - all of them or just some - depending on which classes you will be using your academic adjustment.

**STEP 3:** New students may wish to make an appointment with the accessibility assistant once classes start to review the process for testing appointments and discuss any concerns. Returning students will also need to come in for an appointment if they wish to change or add any accommodations.

Contact us:

Phone: **518-743-2282**

Email: [access@sunyacc.edu](mailto:access@sunyacc.edu)

Or come visit us in **Scoville Room 238**.



# Accessibility Services

SUNY Adirondack  
640 Bay Road, Queensbury NY 12804  
Telephone: (518) 743-2282 // Fax: (518) 743-2241

Accessibility Services at SUNY Adirondack provides students with disabilities with equal access to campus facilities and academic programs. If you feel that you are eligible for services you must:

1. **complete this form**, and
2. **submit supporting documentation** to Accessibility Services
3. **Meet with ASO** to be provided with approved Adjustments

***Please contact the office with any questions or concerns.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate/Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Enrollment Date:  Fall 20\_\_  Spring 20\_\_  summer 20\_\_

Status:  Full Time  Part Time

Supporting Agency: (if applicable)  CWI  ACCES-VR  CBVH  VA

Other \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

**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  
 I asked for and received a mail registration form

**DISABILITY INFORMATION**

Please list the disabling condition/s for which you have been diagnosed:

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In your own words, please describe how your disability impacts your daily life both inside and outside the classroom:

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**ACADEMIC ADJUSTMENT INFORMATION**

\*With your supporting documentation, please list the adjustments and services you are requesting (***Note: These are only requests. The ASO at SUNY ADK will make the determination of appropriate accommodations at your scheduled appointment:***)

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***\* SUNY Adirondack does not have to provide adjustments that alter or lower essential academic requirements nor provide adjustments that are an administrative burden.***

Based on your disability, will you need evacuation assistance or an emergency medical plan?  Yes       No

## **Release and Collection of Disability Related Information**

### **Collection Statement**

Under Section 504 of the rehabilitation Act of 1973, a post-secondary student with a disability is required to provide appropriate documentation, which supports a request for academic adjustments or auxiliary aids or the qualifications necessary to participate in academic programs or courses. In recognition of this requirement I, \_\_\_\_\_, give permission to the Accessibility Services Office to verify and request supporting information and documentation of my disability status as necessary. I understand that all documentation is maintained as confidential as outlined in the Accessibility Services Handbook.

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**Student Signature**

**Date**

### **Release Statement**

I \_\_\_\_\_, understand that the Accessibility Services Office is legally allowed to consult with college faculty or staff that has legitimate educational interest in understanding the functional limitations presented to me by my disability. I understand that the sharing of information is limited to the purpose of assisting me to achieve my educational goals and to assure the effective implementation of assigned academic adjustment. I also understand that information related to my disability may be shared in the event of an investigation of a discrimination complaint, medical emergency or potential situations of harm to myself or others. I also recognize that my rights and responsibilities as a student with a disability are detailed in the Accessibility Services Handbook which can be found on the SUNY Adirondack website.

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**Student Signature**

**Date**

### **Additional Student Support Programming for Students at SUNY Adirondack:**

- ***Heath Profession Opportunity Grant***
- ***Education Opportunity Program***
- ***Community HUB***
- ***Counseling Services***

Are you interested in learning more about any of the additional student support programming at SUNY Adirondack?    Yes       No



# **Documentation Requirements**

If you are a recent high school graduate and you received accommodations in high school, you may be familiar with the term IEP or 504 plan. You can request your high school send us your IEP (or 504 plan) **and** your most recent evaluation (typically called a Psycho-Educational Evaluation). This evaluation will include:

- actual scores from tests that are statistically reliable and valid and standardized for use with an adult population,
- a narrative of your performance on the evaluation, and
- the evaluator's name, title, professional credentials, and dates of the testing.

If you are not a recent graduate or you didn't receive services in high school, you can submit documentation that meets the following criteria.

## **The report must:**

1. be current and relevant and written by a qualified professional (\*who is not related to you);
2. include a clear diagnostic statement (can include DSM5 Axes) with a description of the duration and severity of condition and the current impact of (or limitation imposed by) the disability within the college setting;
3. include a statement regarding treatments or services used to minimize the impact of a disabling condition;
4. list currently prescribed medications if the side effects of such medications create barriers to learning;
5. include recommendations for academic adjustments that are validated by current documentation; and
6. be typed on letterhead that includes the professional's name, professional credentials, contact information (address and telephone number), and dates of evaluation;

## **Documentation can be sent directly to our office the following ways:**

**Scan & e-mail to:** [access@sunyacc.edu](mailto:access@sunyacc.edu) (Preferred Method)

**Fax to:** 518-743-2241

**Mail to:**

SUNY Adirondack  
Attn: Steve Trevlakis  
640 Bay Rd  
Queensbury NY 12804