

# Disability Resources

**Admitted Student Request for Accommodations Form**  
 Mail to: Dewey Hall 1-154, PO Box 270359, Rochester, NY 14627  
 Fax to: 585-273-1116 OR E-mail to: [disability@rochester.edu](mailto: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.*

<b>Name:</b>	<b>Student ID #:</b>	<b>Date:</b>
<b>UR Email:</b>	<b>D.O.B/Age:</b>	<b>Intended Major:</b>
<b>Address:</b>	<b>City/State/Zip:</b>	<b>Phone:</b>
<b>Status:</b> <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 _____		
<b>What is your disability <i>and</i> when were you first diagnosed?</b> Primary Diagnosis _____ Secondary Diagnosis _____		
<b>In your own words, please describe your disability:</b>  		
<b>Describe past use of disability accommodations:</b> (approved during high school or other college; granted for college board exams)  		
<b>What accommodations are you requesting?</b> (be specific)  		
<b>Do you use any assistive technology and/or software?</b> (i.e., FM System, Braille, JAWS, Kurzweil, Dragon)  		
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"> <li>1) submit this completed form,</li> <li>2) submit professionally prepared documentation (guidance can be found at <a href="http://www.rochester.edu/disability">http://www.rochester.edu/disability</a>, and</li> <li>3) participate in an intake interview with an access coordinator.</li> </ol> My signature authorizes <a href="#">Disability Resources</a> 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.		
<b>Signature:</b>		<b>Date:</b>
<u>Admin Use Only</u> Form Received Date: _____ Appt. Date: _____ Access Coordinator: _____ Documentation Received Date: _____ Approved Accommodations: _____		