

Request for Disability Services and Accommodations Form

(Optional)

Mail this form directly to:
Cornell University Student Disability Services
420 CCC
Ithaca, NY 14853-6601

Or fax to:
607 255-1562



Cornell University

At Cornell University, we are committed to ensuring that students with disabilities have equal access to all university programs and activities. Policies and procedures have been developed to allow students to be as independent as possible, to preserve confidentiality, and to provide students who have disabilities with the same exceptional opportunities that are available to all Cornell students.

Student Disability Services (SDS) facilitates accommodations for students with disabilities and/or medical conditions to ensure equitable opportunity. Examples of covered conditions include: Attention Deficit/Hyperactivity Disorder (ADHD); learning disabilities; neurological disorders (traumatic brain injury, epilepsy, Tourette's Syndrome); chronic medical conditions (Crohn's disease, diabetes, asthma, severe allergies); mobility disabilities; psychiatric disabilities (bipolar disorder, depression, post-traumatic stress disorder); sensory disabilities (hearing, vision). Examples of accommodations include extended time for test-taking, specific housing options, support for medically-restricted diets, transportation assistance, and adaptive technology.

If you have a disability or medical condition and think you will require some type of accommodation, please complete this form and return it, along with your disability documentation, to SDS. Services will be provided upon completion of the following steps:

1. Submission of this *Request for Disability Services and Accommodations Form*.
2. Submission of current and comprehensive disability documentation. Documentation guidelines are available at <http://sds.cornell.edu>
3. Documentation has been reviewed and eligibility for disability services has been verified by SDS.
4. You have met with an SDS staff person for an initial intake interview.

We strongly encourage you to submit this request with your disability documentation well before your arrival on campus. Doing so will facilitate the timely provision of accommodations approved by SDS. Information provided to SDS is confidential. Documentation and evaluation information will not be released without the signed consent of the student.

I. Personal Information – To be completed by the student.

Name: _____ Cornell ID number: _____

Permanent address: _____
street city state or province zip or postal code country

Home or Cell Phone: _____ Cornell NetID or Home Email address: _____

Cornell address: _____ Cornell or Cell Phone: _____

II. Academic Information

College: _____ Class Year: _____

Major, if known: _____ Entrance Date: _____

III. Disability Information (you may use additional paper to complete your responses, if needed)

Please tell us your diagnosis and provide a description of your condition.

Describe how your condition affects you in an academic setting, if applicable.

STUDENT DISABILITY SERVICES FORM FOR MATRICULATED STUDENTS (NOT FOR NEW STUDENTS)

III. Disability Information (continued)

List the accommodations you are requesting in an academic setting, if applicable (e.g., test-taking accommodations, books in alternate format, sign-language interpreters).

Please describe how your condition affects you in a residential setting (e.g., residence halls, dining halls, athletic centers).

List the accommodations you are requesting in a university-owned residential setting, if applicable (e.g., air conditioning, strobe alarms, wheelchair accessible housing).

Please describe your transportation needs, if applicable (e.g., bus pass, special parking arrangements, paratransit service).

Describe auxiliary aids, assistive technology and/or services that you anticipate using while attending Cornell, if applicable (e.g., service dog, personal assistant, FM system, wheelchair, adaptive technology).

IV. Academic History

High School(s) Attended: _____

List Disability Accommodations and/or Services Used in High School: _____

Colleges/Universities(s) Attended: _____

List Disability Accommodations and/or Services Used There: _____

V. Certification

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Cornell University I must (1) submit this completed form, (2) submit disability documentation that substantiates the requested accommodations, and (3) participate in an intake interview with a Student Disability Services staff person. My signature authorizes SDS to discuss my documentation with the clinician who authored the documentation or a similarly-qualified Cornell clinical staff person or consultant, if additional information or clarification is required.

Please check one: Documentation from a licensed professional is enclosed will be sent separately

Student's Signature

Date

Need more information? Contact Student Disability Services, Cornell University, 420 Computing and Communications Center (CCC), Ithaca, NY 14853-6601 (telephone: 607 254-4545; fax: 607 255-1562; e-mail: sds_cu@cornell.edu).