STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER

CONTINUING STUDENT DISABILITY INFORMATION

Students who have temporary or permanent disabilities may wish information regarding services or accommodations available at the Medical Center. If you need special services or accommodations because of a disability, complete the information requested, and return this form to the address listed below as early as possible and no later than the end of the first week of classes in the current semester, if you are seeking timely accommodations. **ALL INFORMATION WILL REMAIN PRIVATE** and shared only with faculty and staff as appropriate.

If you have a learning disability, we have been advised by learning disability specialists to require a current evaluation (within three years of today's date) and any other supporting documentation, in order to plan a reasonable accommodation for your academic program. Upon receipt of your documentation and test information, we will contact you to set up a meeting to further discuss any accommodation(s). If you have a physical disability, send your health records and documentation to our Student Health Office. We will consult with you and the Student Health Office regarding reasonable accommodation(s) for your academic program.

It has been our experience that accommodations to an academic program require an adequate lead time for review, consultation and notification to appropriate faculty and/or staff. You should plan no less than a one month lead time from the date we receive your documentation, for accommodations to be in place so that your educational experience is a positive one. The Medical Center reserves the right to request additional information as part of the accommodation process.

Print Legibly

Your Name _____
First Middle Last

Mailing Address _____
Street Apt. #

City _____ State _____ Zip Code _____

Telephone _____ Today's Date _____
area code/number

We are required to offer you the opportunity to register to vote. Are you eligible to vote in New York State? [ ] No The National Voter Registration form is at this URL http://www.eac.gov/voter_resources/register_to_vote.aspx

If you are eligible to vote in New York State, select one of the following:

[ ] I am already registered at my current address [ ] No, I choose not to register

[ ] I am not registered, but I wish to register in New York State (a registration form is enclosed or will be mailed to you)

Check Your College:

[ ] College of Medicine

[ ] College of Health Related Professions _____
indicate program name

[ ] College of Nursing _____
indicate program name (accelerated, RNBS, Graduate Nursing (name the program)

[ ] School of Graduate Studies [ ] School of Public Health

Are you a [ ] matriculated or a [ ] non-matriculated student? Are you a [ ] full-time student or a [ ] part-time student?

Is your disability [ ] temporary or [ ] permanent?

Please describe your disability (voluntary):

Please describe what special accommodations you are requesting to your academic program and indicate how the accommodations relate to your disability. Attach an additional sheet or continue on the reverse side if necessary.

Return this form as quickly as possible to: Office of Student Affairs, SUNY Downstate Medical Center, 450 Clarkson Avenue, Box 85, Brooklyn, NY 11203

2/2012