

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER  
**ENTERING 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 quickly as possible and no later than the end of the first week of classes. **ALL INFORMATION WILL REMAIN PRIVATE** and shared only with faculty and staff as appropriate.

In order to plan a reasonable accommodation for your academic program, 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); you should also submit any other supporting documentation. If you need a copy of the standards for learning disability evaluations used at our school, please contact the Office of Student Affairs. 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 to the first day of classes, for accommodations to be in place so that your transition is a smooth 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](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 mail registration form will be sent 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?  
Is your disability ☐ temporary or ☐ permanent?

Are you a ☐ full-time student or a ☐ part-time student?

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.