



Student Support Services
Pharmacy Building B-04
Tel. (718) 488-1044
Fax (718) 834-6045

Request for Reasonable Accommodations & Academic Adjustments

****Please allow at least two weeks for The Office of Student Support Services (SSS) to review each petition and supporting documentation.**

Name: _____ Date: _____
Last First Middle Initial
 Race: Hispanic___ American Indian/Alaskan Native___ Asian___ Black___ White___ Hawaiian /Pacific Islander___
 Social Security Number: _____ Gender: Male___ Female___ DOB: _____
 Street Address: _____ City_____ State___ Zip_____

Home Phone #: _____ Cell Phone #: _____
 E-Mail Address: _____ Student ID #: _____
 Major: _____

Please indicate your disability type(s). Check all that apply:

- Learning Disability
- Physical Disability
- Psychological Disability
- Sensory Disability
- Neurological Disability
- Chronic Medical Condition
- Other (Please describe): _____

Section 504 & The ADA allow colleges to require disability documentation in order to determine the most appropriate accommodations and services that a student will need.

The Office of Student Support Services holds all disability documentation in the strictest confidence and will not release any of the documentation without the written permission of the student. Guidelines for documentation are available upon request.

Are you submitting current disability documentation with this application?
(check one)

* Current documentation refers to an evaluation conducted **within the past three years**, with the exception of psychiatric/psychological disabilities, which must reflect an evaluation conducted **within the past year**.

YES_____

NO_____

Please indicate the types of accommodation that you are requesting:

- Extended time for testing (one and half times the standard amount)
- Reader for exams
- Use of computer for essay exams
- Distraction reduced environment for exams
- Note-taking services
- Enlarged print for class notes and other materials
- Sign-language interpreters
- Use of assistive listening devices
- Classroom technology
Please specify: _____
- Books in alternative format (CD or electronic)
- Tape record lectures/classes when appropriate and with instructors permission
- Use of calculator when appropriate and with instructors' permission
- Preferential classroom seating
- Accessible Desk
- Other (please list): _____

Briefly describe why you are requesting the above accommodations:

FOR TRANSFER STUDENTS:

Please list any disability accommodation and/ or services that you received from other colleges:

College: _____

Accommodations Received:

Petition Granted Date: _____

Accommodations: _____

Petition Denied Date: _____

Reasons: _____

Petition pending documentation – Provisional services granted from _____ through _____
