

# 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 to ensure equal access to educational programs and services. Examples of accommodations include extended time for test-taking, special meal plans, specific housing options, transportation assistance, and assistive technology. In college, the decision about appropriate accommodations is an interactive process between the student, SDS, and faculty/staff.

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://www.cit.cornell.edu/campus/sds/>
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 (unless specific housing is the only accommodation requested).

We strongly encourage you to submit this request along 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. SDS staff will discuss disability-related issues only with faculty and University staff who have a legitimate need to know.

### I. Personal Information

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: \_\_\_\_\_

### 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.

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

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**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).

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

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

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

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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).

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**IV. Academic History**

High School(s) Attended: \_\_\_\_\_

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

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Colleges/Universities(s) Attended: \_\_\_\_\_

List Disability Accommodations and/or Services Used There: \_\_\_\_\_

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**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: [clt\\_sds@cornell.edu](mailto:clt_sds@cornell.edu)).