



EMPIRE STATE UNIVERSITY

Disability Request for Accommodations Form

Student Name: _____ Date: _____ ID: _____
Address: _____

Primary Phone: _____ Additional phone: _____

SUNY Empire Email: _____

Please check one:

Undergraduate Programs Graduate Studies School of Nursing & Allied Health
 Harry Van Arsdale Jr. School of Labor Studies International Education

Area of Study: _____ Primary Mentor: _____

Please check areas that apply:

Veteran ACCES-VR (formerly VESID) NYS Commission for the Blind

All SUNY colleges and universities are required to offer students with disabilities the opportunity to register to vote. If you are not registered to vote where you live now, would you like to apply to register here today?

Yes No, because I choose not to register
 I am already registered at my current address

Please describe your disability: _____

When were you diagnosed with this disability? _____

Who diagnosed this disability? _____

If it is requested, can you provide current documentation of this disability? * _____

What accommodations are you requesting? _____

***The following accommodations require documentation. If requesting, please indicate below:**

Alternative Textbooks _____ ADA Part-Time TAP _____

For office use only:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> More information requested	<input type="checkbox"/> Documentation rec'd
DX codes: _____		AC codes: _____ NVRA code: _____	
Decision by: _____			
Entered: Banner: <input type="checkbox"/>		Email sent (student, instructors, primary mentor): _____	
Date: _____		Staff initials: _____	

Submit Your Completed Form To:

Rev. 3/21/2023

Email: Disability.Services@sunyempire.edu; Fax: 518-584-3098 Telephone: 1-800-847-3000 extension 2244

Mail to: Office of Accessibility Resources and Services, Empire State University
113 West Avenue, Saratoga Springs, New York 12866