



FOR OFFICE USE ONLY

Application Received by: _____ Date: _____

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8180
fax 212-220-1264

Application for Accommodations & Services

**Please allow at least 2 weeks for the Office of Accessibility to review your application and supporting documentation.*

Section I. Student Information

Name: _____ Today's Date: _____

Social Security #: (xxx)-(xx)-() CUNYfirst ID#: _____ Academic Major: _____

Date of Birth: _____ Gender: _____

Mailing Address: _____

(Street & Apt. #)

(City)

(State)

(Zip)

Phone Number (Home): _____ (Cell): _____

Email Address: _____

Are you a Math Start student? Yes No

Are you a CUNY START student? Yes No

Are you an ASAP student? Yes No

If yes, what is the name of your counselor? _____

Are you enrolled in classes this semester? Yes No

Are you a full time or part time student? Full Time Part Time

In case of emergency, whom may we contact on your behalf?

Name: _____ Relationship (mom, dad, and friend): _____

Phone Number: _____

Section II. Disability Related Information

Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in college life.

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

- Learning Disability
- Chronic Medical Condition
- Physical Disability (mobility impairment)
- Psychiatric Disability (psychological or emotional)
- Visual Impairment or Blindness
- Deaf or Hard-of-Hearing
- Substance Abuse
- Traumatic Brain Injury
- Other (Please describe): _____

2. Please check all that apply:

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I wear a hearing aid
- I need to read lips of instructors
- I rely on sign-language interpreting services
- I have difficulty reading the blackboard
- I have difficulty taking notes in class
- I tire easily when I walk distances
- I have difficulty walking up/down stairs
- Other: _____

3. Are you currently taking any medication related to your disability or medical condition?

- Yes No

If yes, list all medications you are taking: _____

4. What accommodations are you requesting? Briefly describe why you are requesting these accommodations: _____

5. Please list any Special Education Services you received in high school: _____

6. If you are a *transfer student* from another college, please list the college(s) you attended and the reasonable accommodations you received:

Section III. Academic Information

Please indicate your status:

- Freshman
- Sophomore/Junior/Senior Student
- Transfer Student
- Permit Student
- Non-degree Student

Which high school/GED Center did you attend? _____

What year did you graduate or receive GED? _____

Please indicate what type of diploma you graduated from high school with:

- New York State Diploma
- GED

Section IV. Agency Information

Do you receive services from any of the following agencies?

- ACCES-VR (Adult Career and Continuing Education Services – Vocational Rehabilitation)
- CBVH (Commission for the Blind & Visually Handicapped)
- VA (Veterans Administration)

If you receive any of these services, please provide the following information:

Counselor's Name: _____

Agency Address/Borough/or Location: _____

Section V. CUNY LEADS

Students who register with the Office of Accessibility may be eligible for the CUNY LEADS (Linking Employment, Academics and Disability Services) Program. LEADS is a unique program designed to assist CUNY students with disabilities to make realistic academic and professional choices and develop the skills and confidence that will result in successful career outcomes. Students who have an open case with ACCES-VR are eligible for services and are encouraged to contact the LEADS Advisor.

Are you interested in meeting with our CUNY LEADS Advisor? Yes No

Section VI. Voter Registration

MANDATORY

This office is a National Voter Registration site. If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- Yes
- No
- No, already registered to vote

If you would like help in filling out the voter registration form, this office will assist you. You may fill out the application in private. Deciding whether or not to register to vote is up to you, and will not affect the services you receive from this office.

POLICY ON CONFIDENTIALITY

SIGNATURE IS MANDATORY TO RECEIVE SERVICES

General Rule

The Family Educational Rights Privacy act (FERPA) regulates disclosure of disability documentation and records maintained by the Office of Accessibility. Under this federal act, prior written consent by the student is required before the Office of Accessibility may release disability documentation or records.

Exception to the Rule

Under FERPA, the Office of Accessibility is permitted to release information to any school official that has a “legitimate educational interest” in reviewing such information.

What Does this Mean?

Professors or other school officials, such as tutors, may request information about the impact of a student’s disability on their ability to learn. The Office of Accessibility will only share information with other school officials when appropriate and will carefully balance a student’s request for confidentiality and the request for additional, relevant information about the student. The Office of Accessibility seeks to preserve the student’s wish to keep their disability information and status confidential. The Office of Accessibility is extremely sensitive to this issue.

FERPA also allows students to inspect and review their files maintained by the Office of Accessibility. Students have the right to challenge any information contained in the files that is incorrect, misleading, or not accurate and request an amendment to this misinformation.

*I have completed the Application for Accommodations as thoroughly and accurately as possible.
Furthermore, I have read and understand the Office of Accessibility’s policy on confidentiality.*

Student Signature

Date

RELEASE OF INFORMATION

SIGNATURE IS MANDATORY TO RECEIVE SERVICES

I, the undersigned, understand that in order for the Office of Accessibility to verify my disability, as well as the functional manifestations of my disability for which academic adjustments, auxiliary aids and/or other accommodative services may be required, the Office of Accessibility must obtain pertinent student evaluations, psychological reports, transcripts, and/or medical reports. I understand that to obtain these reports this form must be signed and on file with the Office of Accessibility.

I understand that no one other than Office of Accessibility personnel has immediate access to my Office of Accessibility files, and that any information regarding my disability which is gained from these files shall be considered confidential and will only be shared with others within the institution on a need-to-know basis. I further understand that my reports will not be released by the Office of Accessibility except in accordance with federal and state laws.

Therefore, for the purposes noted above and in accordance with the conditions specified, I hereby authorize release of information from my reports to authorized personnel at the Borough of Manhattan Community College (BMCC).

Information can be sent to: the **Office of Accessibility** at
199 Chambers Street, Room N360
New York, NY 10007
Attention: Nicole Leach, Assistant Director, Office of Accessibility
Fax: (212) 220-1264

For General Questions -

Please visit us at: www.bmcc.cuny.edu/accessibility
Email: accessibility@bmcc.cuny.edu
Phone: (212) 220-8180

Student Name: _____

Student Signature: _____

Date: _____

Student ID# (Last 4 digits SS#): _____

Parent/Guardian (if student is under 18 years of age)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____