

**FOR OFFICE USE ONLY**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Borough of Manhattan Community College  
The City University of New York  
www.bmcc.cuny.edu199 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 ☐ NoAre you a CUNY START student? ☐ Yes ☐ NoAre you an ASAP student? ☐ Yes ☐ No

If yes, what is the name of your counselor? \_\_\_\_\_

Are you enrolled in classes this semester? ☐ Yes ☐ NoAre 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.

## Section VII. Resource Check

This section contains questions that may feel sensitive for you and your family. After answering you'll have the option to request to discuss your responses privately.

1. Do you worry whether your food will run out before you have money to buy more?

☐ Often true ☐ Sometimes true ☐ Never True ☐ Decline to answer

2. The food you buy just doesn't last and you do not have money to get more.

☐ Often true ☐ Sometimes true ☐ Never true ☐ Decline to answer

3. How hard is it for you to pay for the very basics like food, housing, medical care, or heating?

☐ Very hard ☐ Hard ☐ Somewhat hard ☐ Not very hard ☐ Not hard at all  
☐ Decline to answer

4. Within the last few months, has lack of transportation kept you from medical appointments or from getting medications?

☐ Yes ☐ No ☐ Decline to answer

5. Within the last few months, has lack of transportation kept you from getting to classes, work, or getting things needed for daily living?

☐ Yes ☐ No ☐ Decline to answer

6. Do you have adequate access to an internet connection or a computer to attend your online class?

☐ Yes ☐ No ☐ Decline to answer

7. Do you have difficulty with securing supplies for your classes?

☐ Yes ☐ No ☐ Decline to answer

**Would you like to discuss any of the items listed in this section with an [Advocacy and Resource Center](#) (ARC) representative?**

☐ Yes ☐ No

## **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: Documentation Review Team**  
**Fax: (212) 220-1264**

### **For General Questions -**

Please visit us at: [www.bmcc.cuny.edu/accessibility](http://www.bmcc.cuny.edu/accessibility)  
Email: [accessibility@bmcc.cuny.edu](mailto: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:** \_\_\_\_\_

- -