
**Academic Accommodations
Request Form**

Accessibility Services Policy Columbia-Greene Community College is committed to promoting self advocacy and facilitating a positive and inclusive learning environment for students with disabilities. Any student with a documented disability is eligible to receive services from the Accessibility Services Office. In accordance with Section 504 of Rehabilitation Act of 1973 and the Americans with Disabilities Act, support services and reasonable accommodations are provided when requested by a student who qualifies for them. Students seeking accommodations are required to present a current evaluation for their disability conducted by a licensed professional. The purpose of accommodations is to reduce or eliminate any disadvantages due to a disability. Columbia-Greene Community College is committed to removing barriers to access for students with disabilities.

Office of Accessibility Services Contact: E-mail: Accessibility_Services@sunycgcc.edu or Phone: 518-697-6379

Note: Newly accepted students are strongly encouraged to contact Accessibility Services upon enrollment so that appropriate accommodations can be provided in a timely manner. Students can at any time request accommodations, however, accommodations cannot be applied retroactively.

Note: The law does not require C-GCC to waive specific courses or academic requirements considered essential to a particular program or degree. Rather, they are mandated to modify existing requirements on a case-by-case basis in order to ensure that individuals are not discriminated against on the basis of their disability.

PART I (Completed by the Student)

Please note: If you have an Individualized Education Plan (IEP), 504 Plan, psychological evaluation, or special education exit summary that you may have received during your final year in high school please include that with this form. This is optional and is not required for approval of academic accommodations.

Name: _____ Preferred Name: _____ Preferred Pronouns: _____
Date: _____ Student ID Number: _____ DOB: _____ Age: _____
Cellphone Number: _____
Email address: _____
Current Class Year: _____ Best way to reach you: ☐ Phone or ☐ Email
Major/Area of Study: _____

1. Please indicate the disability that prompts you to seek accommodations:

2. If this request is due to a temporary condition, please indicate expected duration:

Please have a qualified medical or other licensed health care provider complete PART II (below) of this application. Applications cannot be considered until both parts are received. By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge. Signing of this document also approves that (pending receipt of documentation) Accessibility Services will send copies of your Accommodation Letter to your faculty during every semester you are enrolled at Columbia-Greene Community College. If at any time you wish to take back the consent to send your Accommodation Letter to your faculty, Accessibility Services must be notified of this request in writing. **By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge.**

Signature: _____ Date: _____

PART II (Completed by the Provider)

To the Student: This form must be completed by a qualified licensed healthcare professional and Columbia-Greene Community College reserves the right to request additional documentation.

To the Evaluator: The student named below has represented that they have a disability which will require accommodation at Columbia-Greene Community College. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this. Please contact us with any questions. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination.

Please contact the Office of Accessibility Services with any questions.

1. Student Name: _____

2. Which accommodation(s) are requested? (Please list and describe as needed)

Please note that Columbia-Greene Community College is not required to provide a 1:1 attendant or tutor, any individually prescribed device, or any services of a personal nature.

3. Please identify the physical or mental impairment for which you are treating the student (the student's diagnosis or disability):

4. Please list date of onset and severity: _____

5. How long have you been treating the student? _____

6. When was the last date of treatment you had with the student? _____

7. Please list any current functional limitations and educational impact:

8. For each accommodation requested above, please describe why the requested accommodation is necessary:

Healthcare Professional Name: _____

Professional License: _____ State: _____ License Number: _____

Signature: _____ Date: _____

Address: _____