



The Reiss-Davis Graduate Center

DISABILITY ACCOMMODATION REQUEST

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ (cell) _____ (home) _____ (other)

Email _____ Best Time of Day to Contact AM PM Evening

Contact Preference Home Phone Cell Phone Work Phone Other Email

Disability *Check all that apply and complete disability description.*

Disability is: Permanent/Chronic Temporary 45 days or less Temporary greater than 45 days
Physical impairment: Visual Hearing Orthopedic Neurologic Respiratory Other
Mental impairment: Acquired brain injury Specific learning disability Psychological disorder Other

Certification

Disability certification must be completed by a professional in medicine, psychology, disability services, education, or a related area.

Name of Certifying Professional: _____

Professional Capacity _____ Phone _____

Medical Facility Name (if applicable) _____

Address _____ City/State _____ Zip Code _____

Requested Academic Accommodation(s)

Physical Environment _____
 Temporary Medical _____
 Special Arrangements _____

Description of Disability (1) Briefly describe the functional limitations of any disability areas checked, and (2) indicate how the disability limits your access to or ability to fully participate in an academic environment.

Note that final determination of academic accommodations is subject to (1) verification of disability, (2) documented need based upon areas of deficit, and (3) negotiation with the Director of Disability Services.

Attach your disability documentation to this form and return to:

The Reiss-Davis Graduate Center
Attention: Dr. Nina Ashur, Director, Disability Services

Student Signature _____ **Date** _____