



STATE UNIVERSITY OF NEW YORK

Accessibility Services
Technology Center, Room 8150
845-574-4541

PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY
DOCUMENTATION REQUEST FORM

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE
TYPED OR PRINTED IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH
ACCESSIBILITY SERVICES.

Student's Name: _____

Date of Birth: Address: _____

Phone #: _____

Social Security #: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other
accommodations from Accessibility Services. In order to consider this request, as well as to
ensure the provision of reasonable and appropriate auxiliary aids and services, College policy
requires that a qualified professional provide current and comprehensive documentation. A
qualified professional includes a medical doctor or other qualified healthcare professional. IN
ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S
STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST
RECENT REQUEST FROM THE OFFICE OF ACCESSIBILITY SERVICES.

The documentation provided must include information that diagnoses a physical or systemic
(medical) disability, describes the functional limitations in an educational setting, indicates the
severity and longevity of the physical or systemic (medical) disability for the purpose of
determining academic adjustment(s) or other accommodation(s), and lists current medication
along with any current side-effects which may impact academic performance.

If it is a visual disability the documentation must include the student's visual acuity
(best corrected), a description of the effects of the visual problems, and a recommended font size
for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return
to RCC, Accessibility Services.

1. Diagnosis _____

2. Date of Diagnosis: _____ Date of Last Contact with Student: _____

3. Provide a summary of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

4. Describe the student's functional limitations in an educational setting:

5. List current medication along with any current side-effects which may impact academic performance:

6. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at RCC as justified based of the functional limitations indicated above.

_____ Signature of Qualified Professional	_____ Date
_____ Qualified Professional's Name & Title (Printed)	_____ License #
_____ Address	_____ Phone #
_____	_____ Fax

Please return this form to:

Accessibility Services, Technology Center, Room 8150
Rockland Community College
145 College Road
Suffern, NY 10901
Phone 845-574-4541
Fax 845-574-4594