ROCHESTER INSTITUTE OF TECHNOLOGY
DISABILITY SERVICES REQUEST FORM

INFORMATION
The Disability Services Office is committed to providing equal access to programs, services and physical facilities to students with disabilities. Students who would like to request academic and/or residential accommodation due to a disability should submit this request form or use the online request. Also submit appropriate documentation of the disability. The Disability Services Director will review the request and supporting documentation and recommend appropriate and reasonable accommodations as needed. We do not provide or coordinate personal services. Students need to make their own arrangements for mobility training, personal care assistants and personal adaptive equipment such as wheelchairs.

For more detailed information regarding Disability Services, refer to our Web page at http://www.rit.edu/dso or call us at 585-475-2023

INSTRUCTIONS
To request accommodations due to a disability, please submit this completed request form and documentation of your disability to the RIT Disability Services Office. Depending upon the type of disability, the documentation should be a recent psycho-educational evaluation and/or letter on letterhead stationery from a qualified professional such as a physician, psychiatrist, neurologist, or psychologist. Classroom teachers, parents, or friends are not qualified to provide this information. An IEP or 504 Plan is generally not sufficient. The documentation should include the following information:

• Diagnosis of disability
• Description of current level of functioning
• Suggestions for accommodation(s)

Disability Services Request Forms and documentation MUST be sent to the Disability Services Office. Please do not send disability information to other departments within RIT or NTID.

Rochester Institute of Technology
Disability Services Office
28 Lomb Memorial Drive
Student Alumni Union Room 1150
Rochester, New York 14623-5604
(585) 475-2215 fax

INFORMATION REGARDING REQUESTS FOR HOUSING MODIFICATIONS
Students requesting modified housing arrangements must submit a completed request form and documentation to the RIT Disability Services Office AND submit a housing contract to RIT Housing Operations by the following dates:

June 1 – requests for fall term
December 1 – requests for spring term
April 1 – requests for summer term
ROCHESTER INSTITUTE OF TECHNOLOGY
DISABILITY SERVICES REQUEST FORM
{Please complete all items in legible print or type}

All information provided to the Disability Services Office is kept confidential and will only
be shared with others with your permission.

Student Name ____________________________ Today’s Date __________
University ID # __________________________ Date of Birth ________
Permanent Address _________________________ Perm. Phone ________
________________________________________
E-mail ____________________________ Cell Phone ________

College at RIT: □ Applied Science & Technology (CAST) □ Business (SCB)
□ Computing & information Sciences (GCCIS) □ Engineering (KGCOE)
□ Golisano Institute for Sustainability (GIS) □ Science (COS)
□ Imaging Arts & Sciences (CIAS) □ Liberal Arts (CLA)
□ Health Science & Technology (CHST) □ NTID
□ Center for Multidisciplinary Studies (CMS) □ University Studies (USP)

Status: □ In-coming 1st year student □ Current undergrad □ Transferring undergrad
□ In-coming grad student □ Current grad □ Transferring grad

New first year or transfer students: Please indicate your expected enrollment term and year:
□ Fall term ________ □ □Spring term ________ □ Summer term ________

What is/are your disabilities?

(Please continue on next page, using additional paper as needed.)
If you are requesting academic accommodation(s)
Please describe how your disability impacts your learning.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

Please list and describe the academic accommodation(s) you are requesting.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

If you are requesting accommodations in your dietary or housing arrangements
Please explain the difficulties you experience with residential living as well as the accommodation(s) you are requesting.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________