NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
AT 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 in addition to deafness should submit this request form or use the online request found at www.rit.edu/dso. Submission of appropriate documentation of the disability is also required. The request and supporting documentation will be reviewed and appropriate and reasonable accommodations will be recommended 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.

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 in addition to deafness, please submit this completed request form and documentation of your disability to the RIT Disability Services Office. Depending upon the type of disability you have, 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 minimally 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

TIMELINE REGARDING REQUESTS FOR HOUSING MODIFICATIONS
Students requesting modified housing arrangements due to a disability 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
NATIONAL TECHNICAL INSTITUTE FOR THE DEAF
AT ROCHESTER INSTITUTE OF TECHNOLOGY
DISABILITY SERVICES REQUEST FORM
TO BE USED BY DEAF AND HARD OF HEARING STUDENTS
WITH ADDITIONAL DISABILITIES
{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  □ NTID    □ Applied Science & Technology (CAST)
at RIT: □ 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)
       □ University Studies (USP) □ Center for Multidisciplinary Studies (CMS)

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_________

New first year or transfer students: Will you be attending SVP (Summer Vestibule Program)?
□ yes   □ no    undecided

What is/are your disabilities?

______________________________________________

(Please continue on next page, using additional paper as needed.)
If you are requesting academic accommodations
Please describe how your disability in addition to deafness impacts your learning.

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

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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.

Note: Rooms with strobed alarms will be automatically assigned to NTID students; this does not need to be requested from Disability Services.

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