

# R.I.T

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## **DISABILITY SERVICES REQUEST FORM**

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ROCHESTER INSTITUTE OF TECHNOLOGY

### DISABILITY SERVICES MISSION

To provide students and faculty/staff with disabilities equal access to programs, services and physical facilities, and to foster an environment where students and faculty/staff with disabilities are welcomed, valued and respected.

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Rochester Institute of Technology  
Disability Services Office  
28 Lomb Memorial Drive  
George Eastman Building, Room 2342  
Rochester, New York 14623-5604  
(585) 475-7804 voice/tty  
(585) 475-6988 voice/tty  
(585) 475-2215 fax

# **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. Our responsibilities consist of the following:

Approve and coordinate academic and residential accommodations due to a disability

- Note-taking and testing modifications, for example
- Modified housing arrangements

Make referrals to campus service providers

- Student Health Services
- Food Service
- Campus Safety for transportation needs

We do not coordinate personal services. Students need to make their own arrangements for the following:

- Mobility training
- Personal care assistants
- Personal adaptive equipment such as TTYs or wheelchairs

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Students requesting accommodations in their housing arrangements must submit a completed Disability Services Request Form with 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 quarter	October 16 – requests for winter quarter
January 22 – requests for spring quarter	April 1 – requests for summer quarter

All 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.

For more detailed information regarding disability services, refer to our web page at  
<http://www.rit.edu/~371www>

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## **INSTRUCTIONS**

To request accommodations due to a disability, please submit a completed Disability Services Request Form and documentation to the RIT Disability Services Office. Depending upon the type of disability, the documentation should be a recent psychological or 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 not sufficient. The documentation should include the following information:

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

**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 your permission with individuals directly involved in providing approved accommodations.**

Student Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Student Identification # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address \_\_\_\_\_ Local Phone \_\_\_\_\_

*Students living in RIT housing:* Do you require evacuation assistance?  Yes  No

Permanent Address \_\_\_\_\_ Perm. Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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College at RIT:     Applied Science & Technology (CAST)                       Business (COB)  
                     Computing & information Sciences (GCCIS)                       Engineering (COE)  
                     Imaging Arts & Sciences (CIAS)                                       Liberal Arts (COLA)  
                     Science (COS)

Major: \_\_\_\_\_

Status:             In-coming 1<sup>st</sup> 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 quarter and year:

Fall quarter \_\_\_\_     Winter quarter \_\_\_\_     Spring quarter \_\_\_\_     Summer quarter \_\_\_\_

*Current RIT students:* Please indicate when you enrolled at RIT:

Fall quarter \_\_\_\_     Winter quarter \_\_\_\_     Spring quarter \_\_\_\_     Summer quarter \_\_\_\_

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What is/are your disabilities?

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(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.

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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.

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