Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oswego E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCES funded? Yes \_\_ No \_\_ ACCES Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: 󠄈󠄈Freshman 󠄈󠄈Sophomore 󠄈󠄈Junior 󠄈󠄈Senior󠄈 󠄈󠄈Graduate

Check accommodations below that you have received or are requesting:

󠄈 Alternate Location 󠄈 Tutor Referral

󠄈1.5x or 󠄈󠄈2x (Extended time) 󠄈 Course Substitution

 󠄈 **Note taker \*(schedule needed**) 󠄈 **Use of a computer**

󠄈 Sonocent 󠄈 Accessible desk/chair

󠄈 Reader 󠄈 Stand/Stretch

󠄈 Scribe 󠄈Alternate Format (e-books, enlarged print)

 󠄈 󠄈󠄈Preferred seating 󠄈 ESA

 󠄈󠄈Permission to record lectures

Instructor Accommodation Letters? Yes \_\_\_ No \_\_\_\_ Number of classes \_\_\_\_\_\_

 Are you taking any classes at the Syracuse Branch? Yes\_\_\_\_ No\_\_\_\_\_

 Are you taking any on-line classes? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If you are not registered to vote where you live now, would you like to apply to register

here today? \_\_\_YES. If you check yes, please ask to complete the VOTERS REGISTRATION APPLICATION today.

\_\_\_\_NO because I choose not to register OR

\_\_\_\_I am already registered at my current address OR

\_\_\_\_I asked for and received a mail-in registration form.

If you do not check any box, you will be considered to have decided not to register to vote

at this time.

I have requested that an accommodation letter be written on my behalf to be shared with appropriate faculty members, teaching assistants, and staff at SUNY Oswego. I take responsibility for distributing this letter to appropriate faculty and staff members at the start of the semester. I give permission for the Office of Accessibility Resources and SUNY Oswego faculty/staff members to interact and discuss information relating to my functional need for the purpose of securing reasonable accommodations. In addition, verification of exams taken in the Office of Accessibility Resources will be provided to faculty upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_