

**Students with Disabilities
Information Form**



State University of New York
Upstate Medical University

Name: _____ (Last) (First) (M.I.)	_____ Female _____ Male
Address: _____	Telephone # () _____
City: _____ State: _____ Zip: _____	Today's Date: ___/___/___
College: <input type="checkbox"/> College of Nursing <input type="checkbox"/> College of Medicine	<input type="checkbox"/> College of Health Professions (Program Name) _____ <input type="checkbox"/> College of Graduate Studies (Department Name) _____
Student Status: <input type="checkbox"/> Matriculated <input type="checkbox"/> Full-time Student	<input type="checkbox"/> Non-matriculated Entering Year _____ <input type="checkbox"/> Part-time Student Class of _____

Nature of Disability (check all that apply)

- () Hearing Disability () Learning Disability () Psychiatric Disability () ADHD () Physical Disability
() Visual Disability () Other _____

I was first professionally diagnosed with _____ (state specific diagnosis) in _____ (month),
_____ (year). (Attach additional pages for multiple diagnoses)

The original diagnosis was made by:

Name of qualified professional: _____
Type of health care provider: _____
Current Address and Phone Number: _____

What treatment(s)/medication(s) have you pursued?: Provide the name and qualifications of the treating professional, the time frames in which you were treated, the impact of the treatment on your condition, and an explanation for why a treatment may have been discontinued (Attach additional pages as needed).

Requested accommodation(s) if any:

(Include a description of specific functional limitations and a rationale for each requested accommodation)

Did you receive special educational services or use disabled student services at any time during your educational career (check all that apply)? You must provide a detailed description of programs/services attended by attaching an explanation sheet to this document. Additionally, you should provide all documentation from the institution granting or denying accommodations.

- () no () elementary school () high school () college () other: _____

Did you receive formal testing accommodations for classroom examinations and/or admissions tests throughout your educational career (check all that apply AND describe accommodation)?

- () no () elementary school () high school () college () other: _____ Description: _____
() SAT (attach copy of test scores) () ACT (attach copy of test scores) () MCAT (attach copy of test scores) Other _____
Description: _____

Note: You must provide copies of test scores and supporting documentation for any accommodations that you have received. You must provide transcripts from undergraduate institution if the nature of your disability is a learning disability, psychiatric disability or ADHD. To assist in establishing a childhood onset of symptoms, it is also recommended you provide report cards or transcripts from elementary school, middle school, and high school as well.

Please return this form as soon as possible to:

Sharon E. Huard, Coordinator, Student Disability Services

SUNY Upstate Medical University, Office of Student Support Services, Room 202, CAB

155 Elizabeth Blackwell Street, Syracuse, New York 13210 (315) 464-8855 or email: stuserve@upstate.edu