



FIVE TOWNS COLLEGE

STUDENT ACCESS OFFICE

Registration Form

Instructions:

- A. Qualified individuals with a documented disability may request reasonable accommodations. To do so, the following must be completed, signed and submitted to the Student Access Office: (1) this Registration form, (2) the signed Consent and Release of Academic and Disability Related Information form, and (3) supporting copies of current (one year or less) disability documentation from a qualified/licensed professional.
- B. Once a Registration Form is complete, the Student Access Office will contact the student.
- C. If accepted, an appointment and review of reasonable accommodations will be made.

Name: _____ Date: _____
 Street Address: _____ City _____ State _____ Zip _____
 Home Phone #: _____ Cell Phone #: _____
 E-Mail Address: _____ Student ID #: _____

Please indicate your disability type by checking all that apply:

Neurodevelopmental Disability:	Sensory Disability:	___ Mental Health
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Blind	
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Low Vision	___ Multiple Disabilities
<input type="checkbox"/> Communication/Speech	<input type="checkbox"/> Deaf	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hard of Hearing	___ Other: _____
<input type="checkbox"/> Motor		

When was your disability or chronic illness first diagnosed?

Are you registered with ACCES-VR (Adult and Career and Continuing Education Services- Vocational Rehabilitation), the NYS agency formally known as VESID? YES NO

Services Requested:

Assistive Devices Extended Test Time Quiet Separate Testing Location Preferred Seating
 Use of assistive listening devices Enlarged print for class notes and other materials
 Other: _____

(Application for Student Access, page 2, cont'd)

FOR TRANSFER STUDENTS:

Please list any accommodations that you received from any/all other colleges:

College: _____

Accommodations Received:

Acknowledgment of Registration Form:

Section 504 & the ADA allow colleges to require documentation of a disability in order to determine the most appropriate accommodations that a student will need. The FTC SAO holds all documentation in the strictest confidence and will not release specific information without authorization from the student. Guidelines for documentation are available upon request.

I, the undersigned, have read, understand, acknowledge and agree to the terms of this Registration Form.

Student's Signature

Date

Printed Name

Date

Note: Please allow a reasonable amount of time for Student Access to review the Registration Form and documentation. Please note that while there are generally no additional costs, there may, on occasion, on a case-by-case basis be an additional cost depending on the extent of the needs of the applicant. Also, all provisions of the institution's policies and guidelines apply to any/all qualified individuals who accept the accommodations.

For office use only:

- Registration Form Accepted Date: _____
- Accommodations: _____

- Registration Form Denied Date: _____
- Reasons: _____
- Provisional Services Granted from _____ through _____; pending submission of documentation.



FIVE TOWNS COLLEGE

Consent & Release of Academic and Disability Related Information Form

Student's Name _____

Student ID Number _____

I hereby consent and permit Five Towns College to release my student information to the following person(s):

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

I hereby understand, consent and permit Student Access permission to contact my professors regarding my need for reasonable accommodations and concerns that may affect my academic success. I also understand that I have the right to cancel my permission to release information at any time before it is released.

Student's Signature

Date

Name of Student (please print)