



Application for Access & Accommodation Services

If you have a physical, psychological, medical, or learning disability that may impact your ability to complete this form, please contact Access and Accommodations Services (C 209; 585.343.0055 extension 6351) for assistance.

Access Services at Genesee Community College provides services and accommodations to people with disabilities in order to ensure equal access to educational programs and activities. It is important to have current and comprehensive documentation from a **qualified health provider** (QHP), who is unrelated to the person applying for the accommodation(s). The QHP providing the documentation should be actively (or recently) working with the applicant and has assessed the condition for which the accommodations are being requested. This information is required to assist with the determination and provision of appropriate and reasonable accommodations, auxiliary aids and services.

Please include any assessments (medical, psychological, psychiatric and/or other information) to support the information provided in the application. Additional documentation may be required. Feel free to share this application with your QHP to provide the appropriate information. Incomplete applications will be returned to the applicant to complete.

Today's Date: _____

Student Information

Last Name: _____ First Name: _____

Other names we may know you by: _____ GCC 800# _____

Preferred Name: _____

Date of Birth: _____ Preferred Phone: _____

Home Address: _____

City, State, Zip: _____

Email address: _____

Signature: _____

_____ By checking this line, I acknowledge that if it is determined that I am eligible for accommodations, the accommodation notices will be delivered to my instructors electronically. Electronic communication with my instructors does not ensure the use of accommodations. I understand that it is my responsibility to speak with my instructors to ensure my accommodations are applied to my academic experiences.

Academic Information

Student Status:

Currently Enrolled: _____ For which Semester?: _____



Prospective Student: _____ For which Semester?: _____

Other (i.e. Transfer Student, ACE Student): _____

Degree Program: _____

Have you ever been a student at GCC before: (check) Yes _____ No _____

If you received transfer credit from another post-secondary institution, did you utilize disability or access services there?(check) Yes _____ No _____

If yes, please complete the following:

Name of Institution: _____

Services Received: _____

Check if you receive and or all of the following:

ACCES-VR Support _____ SSI/SSD _____ Other _____

If yes, please provide the contact information for your contact:

Name: _____ Phone: _____

Qualified Health Provider Information (if more than one, please add additional sheets)

Please note the following regarding documentation:

Documentation must be printed on professional letterhead. A diagnostic statement from a qualified professional (psychologist, neuropsychologist, educational psychologist, learning disability specialist, psychiatrist, or medically-based physician) should identify the disability, the date of the evaluation, and a date of the original diagnosis of the disability. **(Prescriptions from a physician are NOT acceptable forms of documentation.)** The credentials and signature of the evaluator, medical professional, etc., must be stated. Documentation must include the minimum of a diagnosis and summary of current impact on the individual. Please include any tests administered, with scores, and recommendations of areas where accommodations might be needed.

Name & Credentials: _____

Practice Address: _____

City, State, Zip: _____

License Number & State of Licenser: _____

Signature: _____

Diagnostic Information

Date of Initial Diagnosis: _____

Date of Most Recent Evaluation: _____

Diagnosis (DSM V R for psychological): _____



Medications (name & dosage): _____

In order to obtain accommodations, an individual with a disability under the Americans with Disabilities Act (ADA) and/or Section 504, the person must have a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working caring for one's self and or other similar/related activities.

Please use the following space to discuss the major life activities currently and substantially impaired or limited by the applicant's diagnosis/condition. Please tell us how this affects your (or the student's) academic performance: _____

For which accommodations are you (or - is the applicant) applying (please list):

All documentation is kept strictly confidential and is not released without written permission from the student or by order of a court. Please submit documentation and/or inquiries to (mail, drop off or email only):

Access & Accommodation Services
 Genesee Community College
 One College Rd, Batavia NY 14020
 1.585.343.0055 x6351 (p)
access@genesee.edu

*** Please note that we often utilize electronic methods to share needed information. The confidentiality of electronically shared information cannot be guaranteed. If you have any concerns regarding your confidentiality, please only drop off your documents.**

Release of Information (if you are allowing a QHP to complete this form)

I, _____ (applicant name), authorize the above named qualified health professional to release information to Genesee Community College Access Services for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Genesee Community College.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____