

## DISABILITY STUDENT SERVICES

REGISTRATION AND RELEASE FORM **Instructions:** Students requesting appropriate accommodations from the College due to a qualified disability must submit: (1) this registration form, (2) provide copies of current documentation (within the last 3 years) from a qualified professional, and (3) the Release of Academic and Disability-Related Information form. \*Please note that NO accommodations will be provided unless these forms have been completed in full. Students must also submit additional forms to receive testing, SMARTPEN, and /or note taking accommodations. Today's Date: **Part I: Student Information** Name (Last, First): MMC ID Number: Date of Birth: Date of Graduation: Permanent Address: Email Address: Local Address: Local/Cell Telephone: **Part II: Programmatic Information** What is your current status at MMC? □Currently Enrolled ☐ Incoming Student Are you currently enrolled in the program for Academic Access?  $\square$  Yes  $\square$  No Are you registered with ACCES-VR (Adult Career and Continuing Education  $\square$  Yes  $\square$  No Services-Vocational Rehabilitation), the NYS agency formally known as VESID? Part III: Disability Information Type of Disability: ☐ Learning ☐ Physical ☐ Psychological Description of Disability: Part IV: Accommodations Past Accommodations: Requested Accommodations (you must supply documentation for each requested accommodation): I will be submitting documentation from the following sources: I understand that information about my disability will be released to the appropriate office within the Office of Student Affairs, and may be shared with other Marymount Manhattan College staff and faculty members for the purpose of coordinating services and accommodations. I also understand that the Office of Student Affairs requires documentation\* that establishes eligibility prior to receiving service, and authorize the release of disability-related information to Marymount Manhattan College. This release will serve

\**Please note:* Students should only submit copies of official documentation, and retain copies of these records for themselves as well. Marymount Manhattan College will not be responsible for sending this documentation to other entities outside of the college.

Date:

for the duration of my enrollment at Marymount Manhattan College unless I notify the Disability Services Office otherwise.

Signature: