

# SUNY MORRISVILLE

— EST. 1908 —

## Academic *Accommodations* Request Form

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Phone (315) 684-6349

Fax (315) 204-1684

Spring 2024

If you need academic support services, the Accessibility Services Center (the “ASC”), works with students that have **had an IEP/504 in high school** or with those who have **struggled in high classes (writing/math)** and might need extra help.

Please **submit this form** for reasonable accommodations to be determined **along with a copy of your IEP or 504.**

**Please NOTE:** **the ASC does not provide Teaching Assistants for individual students on a daily basis.**

We would also like to note that college accommodations are **not** the same as public school accommodations. Time management, independent problem solving and advocating for yourself are all critical skills for success.

### **Section A: Student Information**

Student Legal Name:  Date:

Student Preferred Name, if different:

Date of Birth:  Student M# or Morrisville ID:

Campus Address:

Home Address:

Cell Phone Number:  MAJOR:

SUNY Morrisville Email:

Transfer Student? If yes, list your previous institution:

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SUNY Morrisville  
ASC \*Accessibility Services Center\*  
Butcher Library Room 208, Morrisville, NY 13408  
ASCTesting@morrisville.edu

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Are you: Full Time, Part time or Visiting/non-matriculated?

### Section B: Disability Information

1) Please indicate your current documented disabilities/diagnoses (check **ALL** that apply):

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)

Learning Disability

Blind/Visual Impairment

Deaf/Hard of hearing

Physical Impairment

Traumatic Brain Injury (TBI)

Autism Spectrum Disorder

Chronic Medical Condition (please specify):

Mental Health (please specify):

Other:

At approximately what **AGE** were you diagnosed?

2) Describe how your disability impacts your functioning in the following:

a. Academic/classroom environment:

b. Social/Personal/Living environment:

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c. Mobility around campus or community:

3) Please list any current treatments or therapy you are receiving:

4) Do you receive support through community, state or federal agencies (ex: ACCESS, Vocational Rehabilitation, etc.)? Please LIST:

### Section C: Accommodation History

1) Did you receive accommodations in high school?

2) Did you have an IEP or 504 plan?

3) Have you received accommodations at another college?

4) Please list the accommodations and/or aids/services/assistive technologies **you have used** in the past:

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- 5) Please list the Accommodations, aids/services/assistive technologies **you are requesting** at SUNY Morrisville:

**NOTE:** If you are requesting a **SINGLE ROOM**, please contact the ASC for a *Housing Accommodative Request Form* or if requesting an **EMOTIONAL SUPPORT ANIMAL/SERVICE ANIMAL**, please use the same email for proper instructions: [ASCTesting@morrisville.edu](mailto:ASCTesting@morrisville.edu)

### Section D: College Readiness

- 1) Please describe your **STUDY HABITS**: Strong, Moderate or Poor?

- 2) What are your **LEAST** difficult subjects?

- 3) What are your **MOST** difficult subjects?

- 4) What do you have difficulty doing?

- a. Paying attention in class
- b. Math problems
- c. Understanding what I have read
- d. Studying for tests
- e. Memorizing information
- f. Time management (managing free time, getting to class on time, handing in assignments on time, etc.)
- g. Staying motivated
- h. Connecting with peers
- i. Following directions
- j. Note taking
- k. Finishing exams on time
- l. Writing
- m. Asking for help/advocating for self

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5) What are your **STRENGTHS** in school?

6) Which offices would you like to know more about? Please list **the**

**LETTERS:**

- a. Tutoring
- b. Counseling Center
- c. Student Government
- d. Student Associations (clubs/organizations)
- e. DEI (Diversity, Equity & Inclusion)

### Section E: Consent to Exchange Information

I hereby *give consent* for the Accessibility Services Center at SUNY Morrisville to access and share my accessibility information to the parties below for more comprehensive care during my academic tenure (please CHECK):

Faculty, Advisors, EOP/CSTEP, Athletics, Tutoring, the Health Center, the Counseling Center, Administration, Office of Student Rights, Residence Hall Director, Diversity/Equity/Inclusion

No, I do not consent to share my information.

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I understand that by federal law, I need not consent to release of this information; that this consent is valid until I choose to withdraw it at any time by submitting a written request to the Office of Accessibility Services.

Student signature:  
(please type name)

Date:

**PLEASE EMAIL this form to: [ASCTesting@morrisville.edu](mailto:ASCTesting@morrisville.edu) along with a copy of your IEP or 504.**

The ASC will then promptly register you, inform all proper parties of your accommodations (copying you on all correspondence) & then support you throughout your academic venture at SUNY Morrisville. Thank you!

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### OFFICE USE ONLY

Date Academic Accommodations Request Form Received:

Date Documentation Received:

Office staff who registered student: