

**OFFICE FOR STUDENTS WITH DISABILITIES
CONFIDENTIAL REGISTRATION FORM**

Name _____ Banner ID _____

Local Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Local Phone () _____ Home Phone () _____

Campus E-mail _____ Home E-mail _____

College Admission Information: YEAR _____ Spring [] Summer [] Fall []

Status: Entering Freshman [] Transfer [] Readmit [] EOP []

Continuing Ed. [] Graduate []

Please check if you've been accepted into any of the following Brockport programs:

Transition [] Student Support Services Program (SSSP) []

Exceptional Talent [] Educational Opportunity Program (EOP) []

Please specify your disability(ies) and attach current documentation: _____

Please specify the type of disability-related accommodation(s) you anticipate needing:

Note Taker [] Alternate/Distracted Reduced Test Site [] Extended Test Time []

Tests in Alternate Format [] Interpreter [] Scribe []

Other [] _____

Noting items on this list does not necessarily guarantee their approval. Final determination will be made by the Coordinator of the Office for Students with Disabilities.

Are you served by any of the following agencies?

VESID (OVR) [] Counselor/Phone # _____

Address _____

Commission for the Blind [] Counselor/Phone # _____

Address _____

Other (please specify) [] Counselor/Phone # _____

Address _____

I understand that I am responsible for submitting current documentation specific to my disability(ies) as it pertains to the requested accommodations I have specified above. Upon receipt and approval of such documentation, services will be determined during a personal consultation with the Coordinator of the Office for Students with Disabilities.

Signature _____ **Date** _____

Return to:

Office for Students with Disabilities, The College at Brockport
350 New Campus Drive, Brockport, NY 14420-2947
Telephone: (585) 395-5409 (V/TTY) Fax: (585) 395-5291
Email: osdoffice@brockport.edu