

Disability Declaration Form and Request for Accommodations

(Please email completed form to SAS@sunypoly.edu)

| Date |
|---|
| Student Name |
| Student U# |
| Address |
| Phone |
| Email (required) |
| Major |
| Please describe your disability. |
| |
| |
| Can you provide current documentation of this disability? |
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| What accommodations are you requesting? |