

SUNY POLY

Semester _____ Date of Birth _____

Name _____ Student ID _____

Major _____

Campus Address _____

Permanent Address _____

Phone _____ Email _____

Acces-VR funded? Yes No

Acces-VR Counselor _____ Phone _____

Classification: First-year Sophomore Junior Senior Graduate

Have you received accommodations previously? Yes No

If yes, when and where? _____

Are there any specific accommodations that you are requesting?

How many classes are you taking? _____

If you are not registered to vote where you live now, would you like to apply to register here today?

Yes No

I, (your name) _____, have requested that an accommodation letter be written on my behalf to be shared with appropriate faculty members, teaching assistants, and staff at SUNY Poly. I take responsibility for distributing this letter to appropriate faculty/staff members at the start of the semester. I give permission for the Student Accessibility Services and SUNY Poly faculty/staff members to interact and discuss information relating to my functional need for the purpose of securing reasonable accommodations. I take responsibility for making appropriate arrangements for alternate testing in a timely manner. I understand that I must comply with the SUNY Poly Code of Academic Conduct.

Signature _____ Date _____

Witness _____ Date _____

(Office use only)

Intake date/initials _____

Voter reg./date/initials _____