Office of Student Disability Services
for Students with Disabilities
Room 110 Towers Concourse
Phone: 607-274-1257
Fax: 607-274-3957

Office of Student Disability Services Identification Form

If you will require any accommodations for a disability, this form must be completed and returned with the appropriate documentation.

Name _____ **Date** _____

Student ID Number _____ **Sex** _____ **Birthdate** _____

☐ **First Year** ☐ **Transfer** ☐ **Graduate**

Ithaca College School of _____ **Major** _____

Home Address _____

Home Telephone _____ **Cell Phone:** _____

Fax: _____ **E-mail:** _____

Disability Information: ☐ **Permanent** ☐ **Temporary**

Nature: (check all that apply)

☐ **Learning**
Type _____

☐ **Physical**
Type _____

☐ **Psychiatric**

Briefly describe your disability (be sure to include appropriate documentation).

Do you anticipate the need for any of the following services during the academic year? ☐ **Yes** ☐ **No**

- ☐ **accessibility map**
- ☐ **bookstore assistance**
- ☐ **special parking**
- ☐ **sign language interpreters**
- ☐ **materials in electronic format**
- ☐ **academic/testing accommodations**
- ☐ **housing modifications due to a disability**
- ☐ **dietary modifications due to a disability**

Please mail to:

Ithaca College
953 Danby Rd
110 Towers Concourse
Ithaca, NY 14850
Or fax to: 607-274-3957