



PLEASE COMPLETE ALL PAGES OF THIS APPLICATION

### Access-Ability Services

2001 Oriental Boulevard, Brooklyn NY 11235, Suite D205  
Tel: 718-368-5175 Fax: 718-368-4782 Email: [AAS@kbcc.cuny.edu](mailto:AAS@kbcc.cuny.edu)  
Website: [www.kbcc.cuny.edu/access-ability](http://www.kbcc.cuny.edu/access-ability)

*Application for Academic Accommodations*

**Please submit completed application and supporting documentation to Access-Ability Services  
Processing may take approximately 10 business days**

#### **Section I: Student Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's date: \_\_\_\_\_

SS# (last four digits only): XXX-XX-\_\_\_\_\_ Empl ID \_\_\_\_\_

Gender (optional):  Female  Male  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street & Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Primary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Section II: Education Information**

Major: \_\_\_\_\_

Student status:

- FRESHMAN (First time in college)
- TRANSFER STUDENT
- CONTINUING STUDENT
- PERMIT STUDENT
- NEW START STUDENT
- NON-DEGREE STUDENT
- CUNY START

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**Section III: Disability Related Information**

Please answer the following questions regarding your disability and how it impacts your ability to function in college.

**1. Indicate your disability type(s). Check all that apply:**

- Learning Disability
  - ADD/ADHD
  - Psychological or Emotional Disability
  - Physical Disability (mobility/orthopedic impairment)
  - Visual Impairment (Other than the use of corrective lenses)
  - Totally Blind
  - Deaf
  - Hard-of-Hearing
  - Chronic Medical Condition
  - Substance Abuse Recovery
  - Traumatic Brain Injury
  - Other (Please describe): \_\_\_\_\_
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**2. Check all that apply:**

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I need to read lips of instructors
- I rely on sign-language interpreting/CART services
- I have difficulty reading the blackboard
- Other: \_\_\_\_\_

**3. Check the tasks that you CAN do and those with which you have difficulty:**

	<b>Can Do Easily</b>	<b>Difficult</b>
Paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>
Taking notes	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>
Managing time	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>
Doing math calculations	<input type="checkbox"/>	<input type="checkbox"/>
Doing math word problems	<input type="checkbox"/>	<input type="checkbox"/>
Following directions	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>
Putting thoughts into writing	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading	<input type="checkbox"/>	<input type="checkbox"/>
Being motivated	<input type="checkbox"/>	<input type="checkbox"/>

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**4. Medication may sometimes impact your functioning in certain areas. Are you currently taking any disability-related medication that you wish to disclose?**

Yes

No

If yes, list the medications you are taking: \_\_\_\_\_

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**5. If you are a transfer student from another college, please list both the college(s) you attended and the accommodations that you received:**

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**6. List the reasonable accommodations that you are requesting at KCC\*\*:**

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**\*\* An answer is required. Please contact AAS if you need help with this question.**

**Section IV: Agency Information**

**Do you receive services from any of the following agencies?**

- Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)
- Commission for the Blind & Visually Handicapped (CBVH)
- Veterans Administration (VA)

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**Section V: Policy on Confidentiality**

**General Rule:**

Access-Ability Services is required by law to maintain student confidentiality. All requests for accommodations and all supporting information are considered confidential.

The Family Educational Rights Privacy Act (FERPA) regulates how Access-Ability Services discloses the documentation and records that the office maintains. Under this federal act, the student must provide written consent before Access-Ability Services can release any disability documentation or records.

**An Exception to the Rule**

Under FERPA, Access-Ability Services is permitted to release information to any school official who has a "legitimate educational interest."

**What does this mean?**

Professors or other school officials, such as tutors, may request information about the impact of a student's disability on their ability to learn. AAS will only share information with other school officials on a "need-to-know" basis. The office will carefully consider the student's desire for privacy before disclosing any information.

FERPA also allows students to inspect and review their files maintained by AAS. Students have the right to challenge any information contained in the files that is incorrect or misleading and to request an amendment to this misinformation.

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**Section VI: Signature**

I have completed the Application for Accommodations as thoroughly and accurately as possible. I have read and understand Access-Ability Services' policy on confidentiality.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**AAS OFFICE USE ONLY**

Application Received by: \_\_\_\_\_ Date \_\_\_\_\_  
AAS Staff Member

Student Assigned to: \_\_\_\_\_