



**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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone #)

**Section II: Education Information**

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

Student status at Kingsborough Community College (KCC):

- TAKING THE PLACEMENT TEST AT KCC BUT WILL NOT ATTEND KCC
- ENTERING AS A FRESHMAN (First time in college)
- ENTERING AS A TRANSFER STUDENT (Previously attended another college)
- CURRENTLY ATTENDING KCC
- CUNY START STUDENT
- NEW START STUDENT
- NON-DEGREE STUDENT
- E-PERMIT STUDENT

**Section III: Disability Related Information**

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

- Learning Disability
- ADD/ADHD
- Autism Spectrum Disorder/Asperger's
- Communication/Speech
- Motor (Neurodevelopmental)
- Blind
- Low Vision/Visual Impairment (other than use of corrective lenses)
- Deaf
- Hard-of-Hearing
- Mental Health (Psychiatric/Psychological)
- Basic Chronic Medical Condition (One medical condition)
- Complex Chronic Medical Condition (Multiple medical conditions)
- Mobility [*What mobility devices, if any, do you use?* \_\_\_\_\_]
- Orthopedic
- Alcohol/Substance Abuse Recovery
- Traumatic Brain Injury
- Temporary Disability: \_\_\_\_\_
- Other (Please describe below):  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer these questions regarding how your disability impacts how you function in college.**

**2. Check all that apply:**

- I tire easily when I walk distances
- I have a personal care attendant (KCC does not provide personal care attendants)
- I need to read lips of instructors
- I rely on sign-language interpreting/CART services
- I have difficulty reading the board in the classroom
- Other: \_\_\_\_\_  
\_\_\_\_\_

**3. Medication may sometimes impact your functioning in certain areas. If you are currently taking any disability-related medication that you wish to disclose, please list the medications:**

\_\_\_\_\_  
\_\_\_\_\_

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**4. Check the tasks that you CAN do and those with which you have difficulty because of your disability:**

	<b>Can Do Easily</b>	<b>Difficult</b>
Paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>
Being motivated	<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"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<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"/>
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"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**5. List the 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.**

**6. 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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**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)

**Section V: Other Services**

This office is a **National Voter Registration** site. If you are not registered to vote where you live now, you may apply to register to vote here. If you would like help in filling out the voter registration form, this office will assist you. You may fill out the application in private. Deciding whether or not to register to vote is up to you, and will not affect the services you receive from AAS. Would you like to apply to register to vote?

- Yes**                                       **No**                                       **No, already registered to vote**

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**CUNY LEADS** is a program established to facilitate successful academic and career outcomes for CUNY students with disabilities. LEADS is an optional program that is FREE for any student with a documented disability enrolled in a CUNY program.

CUNY LEADS services include:

- Academic Counseling, Goal Setting & Self-Advocacy Skills
- Career Counseling & Life Coaching
- Resume & Job Search Preparation
- Volunteer & Internship Exploration
- Referrals for Tutoring, Scholastic and Health Service Supports, Benefits & Entitlements
- ACCES-VR Assistance
- Senior College Transfer Assistance

**Are you are interested in being referred to CUNY LEADS?**

- Yes.** I authorize AAS to refer me to CUNY LEADS and to release my demographic, contact, and disability information to CUNY LEADS.
- No.** I am not interested in CUNY LEADS at this time. [If you change your mind, you may apply for CUNY LEADS at a later date.]

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**TRiO Student Support Services** is a student support program, conveniently located in Room D205, the same suite as AAS. It is optional program available to students registering with AAS and who are U.S. citizens or permanent residents.

In partnership with AAS, TRiO helps students to persist so that they stay in college and earn an associate degree. TRiO services include, but are not limited to:

- One-on-one and mini-group tutorials
- Academic and career counseling
- Academic advising
- Assistance with financial aid and financial literacy
- Technology skills

**Are you are interested in being considered for TRiO?**

- Yes.** I authorize AAS to release my demographic, contact and disability information to TRiO so that I can be considered for TRiO. I understand that a TRiO staff member will contact me.
- No.** I am not interested in TRiO at this time. [If you change your mind, you may apply for TRiO at a later date.]

**Section VI: 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 VII: 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: \_\_\_\_\_  
AAS Staff Member Date

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