New York State Voter Registration - Would you like to register to vote today? DSS is an approved National Voter Registration Act location and can provide you with NYS voter registration forms and assistance in completing and submitting them. To register right now go to the following link and click need a voter registration form: http://www.elections.state.ny.us/.

Please note that documentation of a disability must be on file with this office. All documentation is kept at DSS and is not a part of your academic record.
Documentation of Disability Form

Student’s Name: ___________________________ Student DOB: ___________________________
SBID# ___________________________ Telephone ___________________________

Disability Support Services complies with federal and state disability laws that prohibit discrimination and require that universities ensure equal access for qualified persons with disabilities to educational programs, services and activities. Please complete the form below to assist D.S.S. in determining appropriate and reasonable disability accommodations. Additional documentation may be required.

To be completed by the student’s treating provider, NOT by a family member.
Please answer all questions that apply to the particular disability. Please print legibly.

Complete Diagnosis: __________________________________________
Date of Diagnosis: __________________________________________
Date of last visit for this condition: ___________________________

Procedures/assessments used to diagnose this student’s condition (ATTACH COPIES of assessment results used in making/confirming diagnosis):

________________________________________________________________________
________________________________________________________________________

Severity of the condition: Temporary Mild Moderate Severe

Student is compliant with medical treatment for this condition: Rarely Sometimes Often Unknown

Does this student take prescription medication for this condition? Yes No If yes, which medications? Please note any side effects: __________________________

________________________________________________________________________

Epi-Pen? Yes No

Describe how this condition substantially limits a major life activity. (“basic activities that the average person in the general population can perform with little or no difficulty.”)

________________________________________________________________________

With what frequency does this student experience the limitation(s)? Rarely Occasionally Frequently

How will the limitation(s) interfere with this student’s ability to participate in student life (e.g., academics, recreation, etc.)?

________________________________________________________________________

________________________________________________________________________

Describe any substantial equipment prescribed for this student’s home or school environment:

________________________________________________________________________

________________________________________________________________________

Recommended accommodation (must be clearly linked to functional limitations):

________________________________________________________________________

________________________________________________________________________

List all hospitalizations related to the disability:

________________________________________________________________________

________________________________________________________________________

Provider’s Signature: ___________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Physician’s Name: ___________________________
Address: ___________________________
License/Cert. #: ___________________________ State: ___________________________
Specialty: ___________________________
Phone: ___________________________ Fax: ___________________________