



Academic Accommodations Request Form

Email: accessibility_services@sage.edu
Troy Campus: 65 1st Street Troy, NY 12180
 Phone: 518-244-6874 Fax: 518-244-6874
Albany Campus: 140 New Scotland
 Avenue, Albany NY 12208
 Phone: 518-292-8624 Fax: 518-244-6874

Accessibility Services Policy Russell Sage College is committed to promoting self advocacy and facilitating a positive and inclusive learning environment for students with disabilities. Any student with a documented disability is eligible to receive services from the Accessibility Services Office. In accordance with Section 504 of Rehabilitation Act of 1973 and the Americans with Disabilities Act, support services and reasonable accommodations are provided when requested by a student who qualifies for them. Students seeking accommodations are required to present a current evaluation for their disability conducted by a licensed professional. The purpose of accommodations is to reduce or eliminate any disadvantages due to a disability. Russell Sage College is committed to removing barriers to access for students with disabilities.

Note: Newly accepted students are strongly encouraged to contact Accessibility Services upon enrollment so that appropriate accommodations can be provided in a timely manner. Students can at any time request accommodations, however, accommodations cannot be applied retroactively.

Note: The law does not require college to waive specific courses or academic requirements considered essential to a particular program or degree. Rather, they are mandated to modify existing requirements on a case-by-case basis in order to ensure that individuals are not discriminated against on the basis of their disability.

PART I (Completed by the Student)

Please note: If you have an Individualized Education Plan (IEP), 504 Plan, psychological evaluation, or special education exit summary that you may have received during your final year in high school please include that with this form. This is optional and is not required for approval of academic accommodations.

Name: _____ Preferred Name: _____ Preferred Pronouns: _____
 Date: _____ Student ID Number: _____ DOB: _____ Age: _____
 Residence Hall: _____ Room #: _____
 Off Campus Address (For Commuters Only): _____
 Cellphone Number: _____ Message okay? ☐ Yes ☐ No
 Email address: _____ Best way to reach you: ☐ Phone or ☐ Email
 Current Class Year: ☐ FY ☐ SO ☐ JR ☐ SR ☐ GR Major/Area of Study: _____

1. Please indicate the disability that prompts you to seek accommodations:

2. If this request is due to a temporary condition, please indicate expected duration:

Please have a qualified medical or other licensed health care provider complete PART II (below) of this application. Applications cannot be considered until both parts are received. By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge. Signing of this document also approves that (pending receipt of documentation) Accessibility Services will send copies of your Accommodation Letter to your faculty during every semester you are enrolled at Russell Sage. If at any time you wish to take back the consent to send your Accommodation Letter to your faculty, Accessibility Services must be notified of this request in writing.

By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge.

Signature: _____ Date: _____

PART II (Completed by the Provider)

To the Student: This form must be completed by a qualified licensed healthcare professional and Russell Sage College reserves the right to request additional documentation.

To the Evaluator: The student named below has represented that they have a disability which will require accommodation at Russell Sage College. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this. Please contact us with any questions. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination.

Please contact the Office of Accessibility Services with any questions.

1. Student Name: _____

2. Which accommodation(s) are requested? (Please list and describe as needed)

Please note that Russell Sage is not required to provide a 1:1 attendant or tutor, any individually prescribed device, or any services of a personal nature.

3. Please identify the physical or mental impairment for which you are treating the student (the student's diagnosis or disability):

4. Please list date of onset and severity: _____

5. How long have you been treating the student? _____

6. When was the last date of treatment you had with the student? _____

7. If this request is due to a temporary condition, please indicate expected duration: _____

8. Please list any current functional limitations and educational impact:

9. For each accommodation requested above, please describe why the requested accommodation is necessary:

Healthcare Professional Name: _____

Professional License: _____ State: _____ License Number: _____

Signature: _____ Date: _____

Address: _____