



## **ACADEMIC ACCOMMODATION REQUEST FORM FOR STUDENTS WITH ACCESSIBILITY NEEDS**

Please refer to the Accessibility Services information on Russell Sage College's website for the complete process for requesting disability-related academic accommodations at Russell Sage College. Students must follow these procedures and provide all of the required information in order to be considered for academic accommodations.

Requests for academic accommodations should be made prior to the start of each semester, unless circumstances change after the start of the semester.

Requests cannot be considered until both parts of the attached form have been received by the Office of Accessibility Services. Upon receipt of both parts of the Academic Accommodations Request Form, the Director of Accessibility Services will review the provided information and documentation and determine if the student meets the criteria for accommodation. Then, the student will be notified of this decision and/or may be asked to provide additional documentation. If the Director of Accessibility Services reviews the request and approves it based on the documentation provided, then an accommodations letter will be developed for student review and approval, followed by distribution of the accommodations letter to each faculty member that the student has designated.

Please contact the Office of Accessibility Services with any questions:

### **Director of Accessibility Services**

[accessibility\\_services@sage.edu](mailto:accessibility_services@sage.edu)

Fax: 518-244-6874

Albany Campus: 3<sup>rd</sup> Floor Library | 518-292-8624

Troy Campus: 3<sup>rd</sup> Floor, Shea Learning Center | 518-244-6874

**RUSSELL SAGE COLLEGES ACADEMIC ACCOMMODATION REQUEST FORM  
FOR STUDENTS WITH ACCESSIBILITY NEEDS : 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: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Academic Status  First Year  Sophomore  Junior  Senior  Graduate Student

1. Please indicate the disability that prompts you to seek academic 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 can digitally sign your documentation letter and provide copies 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.*

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**Signature**

**Date**



**PART II: CERTIFICATION OF DISABILITY AND NEED FOR ACADEMIC ACCOMMODATIONS**

**To the Student: THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY BY YOUR**

**TREATING HEALTH CARE PROVIDER.** If this form is completed by anyone other than an appropriate and qualified licensed healthcare professional, the information provided may not be used to support your accommodation request and Russell Sage College reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by an appropriate and qualified licensed health care professional who will include all requested information.

To the Evaluator: The student named below has represented that they have a disability which will require academic 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.

Director of Accessibility Services  
[accessibility\\_services@sage.edu](mailto:accessibility_services@sage.edu)  
Fax: 518-292-8621  
Albany Campus: 3rd Floor, Library | 518-292-8624  
Troy Campus: 3rd Floor, Shea Learning Center | 518-244-6874

1. Student Name: \_\_\_\_\_

2. Which academic accommodation(s) are you requesting? (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.*

**Health Care Provider:**  
**Please respond to the following questions regarding the above named student.**

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

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2. Please list date of onset and severity: \_\_\_\_\_

3. How long have you been treating the student? \_\_\_\_\_

4. When was the last date of treatment you had with the student? \_\_\_\_\_

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

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

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Healthcare Professional Name: \_\_\_\_\_

Professional License: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

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