

# Jamestown Community College

## Accessibility Services

### Disability Declaration and Accommodations Request Form

**Directions:** if you are a student with a disabling condition or functional limitations who would like to register for services and/or request accommodations please fill out this form and submit

- Online (via JCC's accessibility services website) ,
- or as an attachment to: [accessibilityservices@mail.sunyjcc.edu](mailto:accessibilityservices@mail.sunyjcc.edu),
- or a paper copy can be sent to:

Jamestown Community College  
Accessibility Services Office  
Hultquist Building- The Learning Center  
525 Falconer St.  
Jamestown, NY 14701

Name \_\_\_\_\_ J#(current students) \_\_\_\_\_

If you are not a student yet, semester you intend to enroll \_\_\_\_\_

Birth date \_\_\_\_\_

Local Address \_\_\_\_\_ Local/ cell phone \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_, if other than your official college Google address.

Educational Program \_\_\_\_\_

Sponsored by a disability services agency such as VESID, CBVH, PA-OVR, Aspire? Yes \_\_\_ No \_\_\_

If yes, which agency? \_\_\_\_\_

Case worker or contact person and phone number \_\_\_\_\_

Please describe disabling condition and accommodations requested

---

---

---

---

---

Documentation verifying current functional limitations and supporting your requested accommodations is required. The DSSO will send you an information release form for you to sign and send on to a qualified practitioner in order for the appropriate documentation to be sent to the college. Please indicate below the name, title, office address and phone number of your practitioner.

---

---

---

---

Emergency contact (name, address, phone): \_\_\_\_\_

---