



Student Access Office
Post Hall
Room 107
1 South Ave
Garden City, NY 11530

Petition for Reasonable Accommodations & Academic Adjustments

Name: _____ Date: _____
Street Address: _____ City _____ State _____ Zip _____
Home Phone #: _____ Cell Phone #: _____
E-Mail Address: _____ Student ID #: _____

Please indicate your disability type(s). Check all that apply:

- Neurodevelopmental Disability
 - ADHD
 - Autism Spectrum Disorder
 - Communication/Speech
 - Learning Disability
 - Motor

- Sensory Disability
 - Blind
 - Low Vision
 - Deaf
 - Hard of Hearing

- Mental Health

- Physical Disability
 - Basic Chronic Medical Condition
 - Mobility
 - Orthopedic

- Intersystem Disability
 - Alcohol/Substance Abuse Recovery
 - Complex Chronic Medical Condition
 - Traumatic Brain Injury

- Temporary Disabilities

- Multiple Disabilities

Please indicate below the academic accommodation you are requesting:

- Extended time for testing (1.5x allotted amount)
- Screen reader for exams
- Use of computer for essay exams
- Distraction reduced environment for exams
- Note-taking for lecture-based courses (unless notes provided by instructor through electronic format/Moodle platform)
- Enlarged print for class notes and other materials
- Sign-language interpreters
- Use of assistive listening devices
- Adaptive lab equipment or classroom technology

Please specify: _____

- Required textbooks in alternative format (cd or electronic)
- Audio record class lectures (all decisions regarding recording of classes will be reviewed and determined on a case by case basis by the Director of SAO)
- Use of calculator when appropriate (all decisions regarding use of calculator will be reviewed and determined on a case by case basis by the Director of SAO)
- Reasonable flexibility to attendance (all decisions regarding reasonable flexibility to attendance will be reviewed and determined on a case by case basis by the Director of SAO)
- Preferential classroom seating
- Accessible classroom/facilities (including ramp, elevator, and/or 1st floor classroom)
- Accessible desk
- Priority registration
- Other (please describe): _____

Briefly describe why you are requesting the above accommodations:

Section 504 & ADA allow colleges to require documentation of a disability in order to determine the most appropriate accommodations that a student will need. The SAO holds all documentation in the strictest confidence and will not release specific information without authorization from the student. Guidelines for documentation are available upon request.

Are you submitting disability documentation with this application? (Please check one.)

___YES

___NO

***Please attach all documentation to the Petition request form.**

FOR TRANSFER STUDENTS ONLY:

Please list any accommodations that you received from other colleges:

College: _____

Accommodations Received: _____

Please allow a reasonable time-frame for Student Access Office to review each petition and supporting documentation.

For office use only:

- Petition Granted Date: _____
Accommodations: _____

- Petition Denied Date: _____
Reasons: _____

- Provisional Services Granted from _____ through _____; pending submission of documentation.