

Confidential



C O L L E G E
DISABILITY SUPPORT SERVICES
Old Main • Room 004 • (716) 888-3748

DSS Student • Information Form

PLEASE PRINT _____ Date _____

Name _____

Social Security # _____ Student ID # _____

Date of Birth _____ Sex: M F

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____

email _____ Cell phone _____

Local Address/Residence Hall _____

City _____ State _____ Zip _____

Local/Campus Phone _____

Parent or Contact Person _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

PARENT INVOLVEMENT

I give permission to the DSS Office to discuss my academic/non-academic accommodations with my parent(s)/guardian(s) Yes No

Name(s) of Parent/Guardian _____

Student Signature _____ Date _____

CURRENT ACADEMIC INFORMATION

Freshmen Sophomore Junior Senior Graduate Transfer

Major _____ Expected Year of Graduation _____

Academic Advisor _____

DISABILITY

Physical Cognitive/Learning

Diagnosis/Disability _____

Please provide any additional information that may help better serve your academic/non-academic needs?

Academic Accommodations that you currently use through the DSS Office (determined based on documentation and DSS assessment):

Adaptive Equipment Use:

- Alternative Chair/Table
- Assisted Listening Device
- Taping of Lectures
- Other _____

Alternative Testing:

- Extended Time
- Separate Testing Room
- Reader/Scribe on Examinations
- Use of Computer on Examinations
- Use of Calculator during Examinations
- Adaptive Test Format:
- Other _____

- Notetaker
- Preferential Seating in Classroom
- Sign Language Interpreters
- Other _____

Non-Academic Accommodations (determined based on documentation and DSS assessment):

- On-Campus Housing/Residence Life
- Food Service
- Other
- Shuttle Service (*Driver schedules pick-ups*)

PLEASE NOTIFY THE OFFICE IF
ANY INFORMATION SHOULD
CHANGE THROUGH THE
ACADEMIC SCHOOL YEAR.