

## Office of Accessibility Resources

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## Confidential Self-Disclosure Form

Cayuga Community College offers every student with a documented disability appropriate and reasonable accommodations in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. Individualized services and accommodations for students with disabilities are coordinated through the Office of Accessibility Resources.

To ensure the provision of reasonable and appropriate academic accommodations and services, students must submit documentation of their disability to the Office of Accessibility Resources. Students with disabilities are highly encouraged to provide current and complete documentation as early as possible to secure accommodations and services in a timely manner.

This confidential self-disclosure form is for **initial notification purposes only** regarding a student's disability. Reasonable accommodations and services will be determined based upon a review of the student's disability documentation, followed by a meeting with the student and the Accessibility Resources Coordinator.

## **Student Information**

| Student Name:                       |                          | Date:           |  |
|-------------------------------------|--------------------------|-----------------|--|
| Preferred Name (if not first name): |                          | Date of Birth:/ |  |
| Cayuga Student ID Number:           |                          |                 |  |
| Mailing Address:                    |                          |                 |  |
| City:                               | State:                   | Zip Code:       |  |
| Student Phone Number:               | Additional Phone Number: |                 |  |
| Personal Email:                     | Cayuga Em                | nail:           |  |

| Student Status:   | Prospective student for:   | □ Fall □ Sprin   | g 🗆 Summer       | Year:                  |  |  |
|---|--|--|------------------|------------------------|--|--|
| Currently enrolled student  |  |  |                  |                        |  |  |
|   | Transfer student or currently  | Transfer student or currently attend another institution |                  |                        |  |  |
| Campus Attending (select all that apply): □ Auburn □ Fulton □ Online              |  |  |                  |                        |  |  |
| Disability-Related  | I Information  |  |                  |                        |  |  |
| Please describe you   | ur disability:   |  |                  |                        |  |  |
| Please list any acco  | ommodations you are seeking:   |  |                  |                        |  |  |
| Do you reco   | eive assistance from ACCES-VR? □ Y   | es □ No □ Not  | Sure             |                        |  |  |
| <b>Documentation of</b>   | <u>Disability</u>  |  |                  |                        |  |  |
| • Have you s  | submitted documentation of your disability to our office?                            |  | □ Yes □ No       | □ Not Sure             |  |  |
| • Do you have or can you obtain documentation of your disability?                 |  |  | □ Yes □ No       | □ Not Sure             |  |  |
| • Did you receive accommodations in high school (IEP or 504 Plan)? ☐ Yes ☐ No ☐ N |  |  |                  | □ Not Sure             |  |  |
| • Have you u  | tilized accommodations at another colle  | □ Yes □ No   | □ Not Sure       |                        |  |  |
|   | ntation Guidelines for students with disa<br>n-cc.edu/cas/services/documentation-gui |  | nd at the Colles | ge's website at        |  |  |
| Student Signature   |  |  | Pate             |                        |  |  |
|   | email this completed form to the camp<br>form to either campus.                      | us you will be atte                                      | ending. If you a | are an online student, |  |  |
| Auburn Campus Cayuga Communit   | <u>uburn Campus</u> ayuga Community College  Cayuga Community College                |  |                  |                        |  |  |
| Office of Accessib  |  |  |                  |                        |  |  |
| 197 Franklin Street   |  | 11 River Glen Drive                                      |                  |                        |  |  |
| Auburn, New York  |  | Fulton, New York 13059                                   |                  |                        |  |  |
| Fax: 315-294-8594<br>Email: <u>karen.grel</u>                                     |  |  |                  | cc.edu                 |  |  |
| For Office Use Only:  |  |  |                  |                        |  |  |
| -   | Date Received:   |  |                  |                        |  |  |
| Documentation Provid  | ed by Student: Y / N Documentation Guideline   | es Provided to Studen                                    | t: Y / N         |                        |  |  |