COLUMBIA UNIVERSITY DISABILITY IDENTIFICATION FORM

(Submission is optional; however, if services are requested this form must be completed.)

NAME: _____ DATE:_____

SS#: _____-_____-_____ SEX: _____ AGE: _____ BIRTHDATE: _____

STATUS: ___FACULTY ___STAFF ___STUDENT (indicate student status below)
___ PROSPECTIVE ___ GRADUATE
___ UNDERGRADUTE ___ OTHER
Year: Fr__ So__ Jr__ Sr__

School: _____ Campus: ____Morningside
Major: _____ ____Health Sciences
Expected Graduation Date: _____ ____Other (Specify:_____)

CAMPUS ADDRESS: _____
Street address City State Zip

HOME ADDRESS: _____
Street address City State Zip

TELEPHONE: (CAMPUS)_____ (HOME)_____

EMAIL: _____ FAX: _____

RESIDENCE: _____UNIVERSITY RESIDENCE HALL _____OFF-CAMPUS (walking distance)
_____UNIVERSITY APARTMENT _____OFF-CAMPUS (commuter)

DISABILITY INFORMATION: __PERMANENT __TEMPORARY (Duration: _____)

Disability Documentation

- Disability documentation must be on clinician's letterhead and include diagnosis, nature of disabling condition, limitations, any recommended accommodations and duration, if temporary.
- Specific guidelines for submission of documentation of learning disabilities and attention deficit disorders are available from the Office.
- Comprehensiveness and currency of disability documentation is essential to enable the Director to assess the appropriateness and necessity for accommodations consistent with disability needs, academic standards, and curricular requirements.
- No request for accommodation will be considered without sufficient documentation and signed release giving the Director permission to speak to clinician. Release forms are available from the office.
- **Documentation** should be submitted to: Director
  University Office of Disability Services
  Lerner Hall, Suite 802
  2920 Broadway, MC 2605
  Columbia University
  New York, NY 10027 or Fax to: (212) 854-3448

NATURE OF DISABILITY: ***(CHECK ALL THAT APPLY)***

_____ADD/ADHD
_____CHRONIC MEDICAL CONDITION
_____EATING DISORDER
_____HEARING
_____LEARNING
_____MOBILITY
_____Uses Braces, Crutches, or Canes
_____Uses Wheelchair (___Electric or ___Manual)

_____PSYCHIATRIC
_____SPEECH
_____SUBSTANCE ABUSE
_____TRAUMATIC BRAIN INJURY
_____VISUAL
_____OTHER (Specify)_____

BRIEFLY DESCRIBE YOUR DISABILITY: (*Supporting Medical Documentation is required):*

Are you affiliated with your State Department of Vocational Education? ____YES ____NO

Do you need accommodations in order to perform your coursework? ____YES ____NO

If YES, please check all that apply:

___Accessibility information
___Admissions information
___Bookstore assistance
___Classroom scheduling
___Computing assistance
___ Libraries
___Note-taking assistance
___Mobility instructor
___Dining services
___Disability information
___Employment accommodations
___Equipment
___Leave accommodations
___Parking
___Readers
___Resource/referral info.
___Sign language interpreters
___Taped texts
___Tape recorder
___Testing accommodations
___Wheelchair
___Other(Specify)

Please briefly describe the accommodation you think you will need, allow at least 8 weeks' notice (14 weeks for taped texts or special housing arrangements) before the start of the semester involved:

IN CASE OF EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____
Street address City State Zip

TELEPHONE: _____ RELATIONSHIP: _____

Please return this form to the University Office of Disability Services, Lerner Hall, Suite 802, 2820 Broadway, MC 2605, Columbia University, New York, NY 10027. If you have any questions, please contact the Office: Voice (212) 854-2388, TDD (212) 854-2378, E-mail *disability@columbia.edu*.

(Office use only) Nature of contact: Phone____ Mail____ In person____
DS staff contact: _____ School Disability Liaison Officer: _____
ACTION TAKEN: _____ Date: _____
Comments: _____ Rev 2/01