

Office of Accessibility Services

Accessibility Services Registration Form

The <u>CUNY SPH Office of Accessibility Services</u> (OAS) provides appropriate and reasonable accommodations to students with disabilities, as mandated by the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

To register with the office, please complete this form and provide a letter from your provider and email both to <u>accessibility@sph.cuny.edu</u>.

Student Information

First Name	М.	Last Name	Date
CUNYfirst Student	ID/CU	NY EMPLID	
CUNY SPH Email Address			Alternate Email Address
Cell Phone Number			Alternate Phone Number

What degree and concentration or certificate are you pursuing?

Disability Related Information

Please list your disability(ies) that pertain to your request for a reasonable accommodation(s).

ADD or ADHD Asperger's or Autism Deaf Hard of Hearing Learning disability Legally blind Psychological Speech Temporary disability Totally blind Traumatic Brain Injury Visually impaired

If not listed above, please specify



If you use mobility devices, please list all that apply.

If you use assistive technology, please list all that apply.

If you use assistive hardware, please list all that apply.

If you use alternative textbook formats, please list all that apply.

Is there anything else you would like to share with us?

Voter Registration

The CUNY SPH Office of Accessibility Services is a National Voter Registration site. If you are not registered to vote where you live now, would you like to?

Yes No No, already registered to vote

If you would like help in filling out the voter registration form, this office will assist you. Deciding whether or not to register to vote is up to you, and will not affect the services you receive from this office.

Please sign and date this form

Printed Name

Signature

Date