**ACCESSIBILITY SERVICES FORM**

**CUNYfirst Student ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1: PERSONAL INFORMATION**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** Male \_\_\_ Female \_\_\_ Transgender\_\_\_ Gender Nonconforming \_\_\_ Non-Binary \_\_\_

A Gender Not Listed \_\_\_ Not specified \_\_\_ (removing gender information)

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alternative Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred contact method:** Phone Call \_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_\_

**How do you travel to campus:**

Access-A-Ride \_\_\_\_\_ Bus/Subway \_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_\_ Rail/Train \_\_\_\_\_\_

This office is a National Voter Registration site. If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes \_\_\_\_\_\_

No \_\_\_\_\_\_

No, already registered to vote \_\_\_\_\_

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

**Section 2: DISABILITY RELATED INFORMATION**

Do you have a diagnosed and documented disability? Yes \_\_\_\_\_\_ No \_\_\_\_\_

Do you have multiple disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all that apply:

**ORTHOPEDIC**

\_\_\_\_ Wheelchair

\_\_\_\_ Other Assistive Devices (Braces, Crutches, Cane, Prosthesis)

\_\_\_\_ Other Orthopedic (No Devices)

**VISUAL**

\_\_\_\_ Totally Blind

\_\_\_\_ Legally Blind

\_\_\_\_ Visually Impaired

**HEARING**

\_\_\_\_ Deaf

\_\_\_\_ Hard of Hearing

\_\_\_\_ Speech

\_\_\_\_ Psychological

\_\_\_\_ Substances Abuse

\_\_\_\_ Learning Disability

\_\_\_\_ Asperger’s or Autism

\_\_\_\_ ADD or ADHD

\_\_\_\_ Traumatic Brain Injury (TBI)

\_\_\_\_ Temporary Disability

\_\_\_\_ Other Medical

Please specify if not listed above: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have a medical doctor or physician for the disability noted? Yes \_\_\_\_ No \_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have a therapist/psychiatrist for the disability noted above? Yes \_\_\_\_\_ No \_\_\_\_\_

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are you currently taking any medications to treat any disability or medical condition indicated above?

Yes \_\_\_\_ No \_\_\_\_

If you wish, you may list your medications below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: ACADEMIC INFORMATION**

What degree are you currently pursuing?

\_\_\_\_\_ Master of Science - Environmental & Occupational Health Sciences

\_\_\_\_\_ Master of Public Health - Community Health Education

\_\_\_\_\_ Master of Public Health – Environmental & Occupational Health Science

\_\_\_\_\_ Master of Public Health - Epidemiology & Biostatistics

\_\_\_\_\_ Master of Public Health - Health Policy & Management

\_\_\_\_\_ Master of Public Health - Nutrition

\_\_\_\_\_ Master of Public Health - Public Health Geographic Information Science

\_\_\_\_\_ Doctor of Public Health - Community, Society, and Health

\_\_\_\_\_ Doctor of Public Health - Environmental and Occupational Health

\_\_\_\_\_ Doctor of Public Health – Epidemiology

\_\_\_\_\_ Doctor of Public Health – Health Policy and Management

\_\_\_\_\_ Certificate

**Section 4: ASSISTIVE TECHNOLOGY and ALTERNATIVE TEXTBOOKS**

What assistive technology software do you use? (Please check all that may apply. If none, please check None and skip to the next section)

\_\_\_ None \_\_\_ Kurzweil 1000

\_\_\_ Read & Write Gold \_\_\_ Kurzweil 3000

\_\_\_ JAWS \_\_\_ Dragon Naturally Speaking

\_\_\_ ZoomText \_\_\_ Other

What assistive technology hardware do you use?(Please check all that may apply. If none, please check None and skip to the next section)

\_\_\_ None \_\_\_ Tape Recorder

\_\_\_ CCTV \_\_\_ Large Print Keyboard

\_\_\_ Victor Reader \_\_\_ Livescribe Smartpen

\_\_\_ Handheld Magnifier \_\_\_ Other

\_\_\_ Handheld/Portable CCTV

What are your preferred alternate textbook formats? (Please check all that apply)

\_\_\_ Microsoft Word (E-text)

\_\_\_ Adobe Acrobat PDF (E-text)

\_\_\_ Learning Ally (Daisy Audio)

\_\_\_ Large Print

If there is anything else you would like to share please use the lines below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE PRINT AND SIGN YOUR NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PRINT DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN