

REQUEST FOR STUDENT DISABILITIES SERVICES

1. To initiate the request process, please complete both sides of Section A and return the form to the Office of Student Life, New York Law School, 57 Worth St., New York, NY 10013.
2. Please provide a copy of all appropriate disability documentation (including tests and test scores).
3. Have your Health Care Professional(s) complete Section B and return it to the Office of Student Life. If there is more than one Health Care Professional responding on your behalf, each must complete a separate form.
4. Please be aware that your request cannot be considered until the Law School has received your completed form and the form from your Health Care Professional(s) with all of the necessary information and supporting documentation. You are urged to submit all of the completed forms and documents as soon as possible, as the review process can extend over a minimum of thirty days.
5. Please be aware that New York Law School will review every request with our independent evaluator before granting or extending a request for a reasonable accommodation. In addition, the Law School will deny any request if the accommodation sought is not supported by the data in the assessment or documentation.

SECTION A. STUDENT INFORMATION

Name:

Date:

Year:

1st Year

2nd Year

3rd Year

4th Year

Visitor

Full-Time Day Student

Part-Time Day Student

Part-Time Evening Student

Phone:

Mobile:

A1. Disability Documentation:

(number of pages attached)

A2. Nature of Disability:

A3. Accommodation(s) requested: Please describe specifically the accommodation(s) you are requesting and your reasons for the request. Also describe alternative suitable accommodations. You may attach additional pages if necessary

A4. Authorization and Release: By signing this form, I authorize the Director of Student Life to speak with and seek additional documentation from the following individuals concerning my disability and my requested accommodation: *(please write name(s) of professional(s) from your documentation.)*

Student Signature

Date

SECTION B. EVALUATION AND RECOMMENDATIONS OF HEALTH CARE PROFESSIONAL(S)

1. Please complete both sides of this form and return it to the Office of Student Life, New York Law School, 57 Worth St., New York, NY 10013. The accommodations request will not be considered until the Law School receives this form. You are urged to submit the completed form as soon as possible as the review process can extend over a minimum of thirty days.
2. Please be advised that your assessment **MUST** support the request for any accommodation; you must be specific as to why a particular accommodation will compensate for the student's disability. The Law School reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation.
3. The following information is required (you may submit any additional information):

Health Care Professional:

Address:

Phone:

State of license:

Student Name:

Signature of Health Care Professional

Date

Professional License Number

B1: Please note the first date you evaluated and/or treated this student for the condition(s):

B2: Please note the most recent date you evaluated this student for the condition(s) for which the accommodation is being requested:

B3: Please describe in detail the student's disability(ies) and the effect the disability has on the student's ability to perform the requirements of the law school curriculum. (If necessary, attach a separate sheet.)

B4: What is the expected duration of the disability(ies)?

Permanent? Yes No

If no, from **to**

B5: Describe your medical recommendations and state:

- a) Why and how the proposed accommodations(s) will offset the effect of the disability; and,
- b) Whether any other accommodations would have a similar effect. (If necessary, attach a separate sheet.)