



WE ARE NEW YORK'S LAW SCHOOL

Request for Accommodations Form

1. To initiate the request, please complete all pages of Section A and return the form to the Office of Student Life, New York Law School, 185 West Broadway, New York, NY 10013.
2. Please provide a copy of all documentation relating to your disability (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.
5. You are urged to submit all of the completed forms and documents as soon as possible, as the review process can extend more than 30 days. If you would like to be considered for in-class accommodations, your documentation should be in as early as possible and **at least one month prior to the start of classes**. If you would like to be considered for midterm accommodations, your documentation should be in **no later than the first week of classes**. If you would like to be considered for final exam accommodations, your documentation should be in **at least one month prior to the end of classes**.
6. 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. The Law School reserves the right to deny any request if the accommodation sought is not supported by the data or fundamentally alters its academic requirements in the assessment or documentation.
7. All students who are granted accommodations are required to meet in person with the Assistant Dean of Student Life each year.

Section A. Student Information

Name _____ Date _____

Email address: _____

Check one: Full-time day student Part-time evening student

1st Year 2nd Year 3rd Year 4th Year Visitor

Phone: _____

A1. Disability Documentation (number of pages attached): _____

A2. Nature of Disability:

A3. Accommodation(s) requested: Please describe 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 staff from the Office 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 all questions and return the form to the Office of Student Life, New York Law School, 185 West Broadway, 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 more than 30 days. Students who wish to be considered for in-class accommodations should have all documentation in two weeks prior to the start of classes.
2. Please be advised that your assessment should support the request for any accommodations; be specific as to why a particular accommodation will compensate for the student's disability. The Law School will review every request with an independent evaluator and reserves the right to deny a request if the accommodation sought is not supported by the data in the assessment or documentation or fundamentally alters its academic requirements.
3. The following information is required. (You may also submit additional information):

Name of health care professional _____

Email address _____

Street address _____

City _____

State _____

Zip code _____

Phone _____

State of license _____

Signature of health care professional _____ Date _____

Professional license number _____

Name of student _____

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 their effect on the student's ability to meet 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.
- b. Whether any other accommodations would have a similar effect. (If necessary, attach a separate sheet.)
