The Icahn School of Medicine at Mount Sinai
Disability Services

Request for Accommodations

Please note: in order to have accommodations in place before classes begin, this request must be received 30 days before your program's Orientation Day. Request for disability services may be submitted throughout the academic year; however, accommodations cannot be retroactively approved.

I. General Information *(please print)*

Name _____Male____ Female____ Transgender____ Non-binary____

Date of Birth ___/____/_____ Student ID #: _____

School: School of Medicine (SOM) _____ Graduate School _____/Program_____

Permanent Address: _____

City _____ State _____ Zip Code _____

Permanent Phone: ( ) _____ Email Address: _____

Local Address: ( ) check here if same as Permanent Address.

Local Address: _____

Local City _____ Local State _____ Local Zip Code_____

Local Phone: ( ) _____ Other Email Address: _____

II. Nature of Disability/Disabilities, Documentation and Accommodations Requested:

What is your disability (diagnosis): _____
_____

What documentation are you providing? _____
_____

What type of accommodation(s) are you requesting? _____
_____

Other pertinent information: _____
_____
_____
_____

III. Confidentiality

Information presented in support of the student's request for consideration and accommodation as a person with a disability is considered private and sensitive and will be handled according to the school's FERPA (Family Educational Rights and Privacy Act) policy. The application, supporting documentation and information from verbal discussions with the student will be kept on file with the DS Office. In accordance with FERPA, information from the file will only be shared with other institutional personnel when there is a legitimate educational interest.

Student Signature: _____ Date: _____

IV. Release of Information (external source)

In order to arrange for reasonable and appropriate accommodations, it may be necessary for the DS Office staff (which includes the School of Medicine and Graduate School of Biological Sciences) to communicate to the following individuals on your behalf. If necessary, DS staff will request the following be completed.

I _____ am enrolled as a student in the School of Medicine _____

Graduate School/Program _____/_____ at the Icahn School of Medicine at Mount Sinai. I give permission to **DS staff** to share information with the following individuals on my behalf:

_____ Other individuals (counselors, physicians, etc.)

List name and contact information of other individual_____

Please return the completed Request for Accommodations form along with supporting documentation to:

Christine Low, MSW, LCSW-R
Director of Disability Services
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New York, NY 10029-6574
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