

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 \_\_\_\_\_

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

**Christine Low, MSW, LCSW-R**  
**Disability Officer**  
**Icahn School of Medicine at Mount Sinai**  
**1 Gustave L. Levy Place – Box 1002**  
**New York, NY 10029-6574**  
**Phone: 212 -241- 4785**  
**Email: christine.low@mountsinai.org**