## **Jamestown Community College**

## **Accessibility Services**

## **Disability Declaration and Accommodations Request Form**

**Directions:** if you are a student with a disabling condition or functional limitations who would like to register for services and/or request accommodations please fill out this form and submit

- Online (via JCC's accessibility services website),
- or as an attachment to: <a href="mailto:accessibilityservices@mail.sunyjcc.edu">accessibilityservices@mail.sunyjcc.edu</a>,
- or a paper copy can be sent to:

Jamestown Community College Accessibility Services Office Hultquist Building- The Learning Center 525 Falconer St. Jamestown, NY 14701

Name	J#(current students)
If you are not a student yet, semester you intend	to enroll
Birth date	
Local Address	_ Local/ cell phone
Home Address	
Email address	, if other than your official college Google address
Educational Program	_
Sponsored by a disability services agency such as  If yes, which agency?  Case worker or contact person and phon	

	nmodations requested
Documentation verifying current functional li	mitations and supporting your requested accommodations nation release form for you to sign and send on to a
qualified practitioner in order for the approprindicate below the name, title, office address	riate documentation to be sent to the college. Please and phone number of your practitioner.
Emergency contact (name, address, phone):	