Pratt MUNSON
COLLEGE OF ART AND DESIGN

# Accommodations Information, Documentation, and Release Form

| STUDENT INFORMATION | | |
|---|---|---|
| Date | Last Name | First Name |
| Chosen Name | Pronouns | Cell Phone |
| Student ID # | Pratt Email | Campus Mailbox # |
| Diagnosis | | |
| List of Attached Documentation | | |
| History of disability/diagnosis (when diagnosed, by whom and dates, past treatment) | | |
| Ways you are impacted, areas of difficulty, and history of accommodations (feel free to use this space to share with me anything already not shared on your documentation) | | |
| Is the disability mediated or controlled by medications, other treatments, or external prosthetics? ☐ Yes ☐ No<br><br>If yes, be sure to make arrangements with current medical prescribers to ensure that scripts can be renewed and refilled while you are away at school. | | |
| What assistance/class accommodations are you seeking? | | |
| Additional notes: | | |

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In an effort to enhance my educational experiences here at Pratt Munson, I hereby grant the Pratt Munson Office of Student Life permission to provide information regarding academic accommodations and support services that I may need to achieve my academic goals.

In advocating for students, the Student Life Director often needs to communicate with various offices and/or faculty to help them make informed decisions about student accommodations. Your signature allows that communication. If you decide at any point that you do not wish for this information to be shared, you can notify the Student Life Director and change your permission status. Please keep in mind that you cannot utilize accommodations without having disclosed your status as a student with disabilities.

I understand that even though the Faculty may receive information regarding the academic accommodations that I may require, that as a "self-advocate," I should also talk to each faculty member during office hours to address specifically how these services are best rendered. Finally, I understand that I need to make the necessary arrangements regarding these services **at least a week in advance** of any test/assignment.

*I would like my academic accommodations sent out to my faculty:*

☐ Every semester ☐ Only this semester

*I would also like the following offices to be aware of my disability and accommodations:*

☐ Campus Safety ☐ Counseling ☐ Dean ☐ Financial Aid

☐ Registrar ☐ Residence Life ☐ Other: _____

| Signed | Date |
|---|---|
| | |

## Consent for Release of Information (to be completed by student)

I authorize (licensed medical care provider or evaluator's name) to disclose the information requested by this form to the Office of Student Life at Pratt Munson College of Art and Design for the purpose of evaluating my request for academic accommodations. I also allow both parties to discuss any information related to my academic accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other College Officials.

| Student Signature | Date |
|---|---|
| | |

## Part II: Physician or Disability Evaluator Verification

(*this section should be completed by an evaluator independent of Pratt Munson College of Art and Design*)

### PROFESSIONAL EVALUATION OF DISABILITY

Accommodations are only available to students identified as having a disability. **A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. Based on this definition does the individual have a disability? ☐ Yes ☐ No

| Date of original diagnosis: | Date of most recent evaluation: | Is the student currently under your care? ☐ Yes ☐ No |
|---|---|---|
| | | |

2. State the student's disability diagnosis, including diagnostic code.

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3. Describe the student's functional limitations or behavioral manifestations caused by the condition. What do you foresee as the impact in a college classroom setting?

4. What is the expected duration, stability, or progression of the disability?

5. Is the disability mediated or controlled by medications, other treatments, or external prosthetics? ☐ Yes ☐ No

6. Please describe current treatments, prosthetic devices, and or medications prescribed.

7. Please state specific recommendations for reasonable academic accommodations to address the functional limitations noted above.

8. What academic accommodations do you consider to be preferred but not medically necessary?

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| **Licensed medical care provider or disability evaluator Information**<br>**THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID. Please Print.** | |
|---|---|
| Name | Title |
| Specialty | |
| License/Certification Number | State of License |
| Office Address | Phone |
| How long have you treated this patient? | Date of most recent office visit (not including to complete this paperwork) |
| May we contact you if we have questions about this student's accommodation request? ☐ Yes ☐ No | |
| Signature | Date |

**PLEASE MAIL or EMAIL COMPLETED FORM TO:**

**Office of Student Life**
**Pratt Munson College of Art and Design**
**1124 State St.**
**Utica, NY 13502**
**E-mail: studentlife@prattmunson.edu**
**1-800-755-8920**