

Disability Services (DS) Registration Form

Students who should submit this form are:

- Prospective students seeking accommodations during Admissions process (e.g. extended time on General Studies Admissions Exam) or for a Campus Visit
- Admitted students who will be attending Columbia
- Current students already diagnosed with a disability and requesting accommodations for the first time
- Current students with a temporary injury

Students who should NOT submit this form are:

- Students seeking support on the basis of a short/acute illness (e.g. seasonal flu). In such instances, students should contact their advisor for assistance.
- Students requesting [Housing Accommodations](#) and/or an [Assistance Animal](#) in housing
- Students already registered with Disability Services who wish to request [supplemental accommodations](#)
- [Barnard](#), [Teacher's College](#), [UTS](#), or [JTS](#) (not GS joint degree) students. These students must request accommodations at their respective institution's disability services office.
- Students not diagnosed with a disability. Instead complete the [Disability Services \(DS\) Registration Form for Students NOT Diagnosed with a Disability](#).

Refer to the last two pages of this form which outline information regarding confidentiality protocols at DS.

Today's Date: _____

I. Student Information

Name: _____ Preferred Name: _____

UNI: _____ Date of Birth: _____ Gender: _____

Preferred Phone #: _____

Current Address: _____

If you do not have a CU email yet, please provide an alternate email address: _____

Note: All email communication from DS will be sent to your CU email address once assigned by the University.

II. Academic Information

A. First semester (or anticipated) at Columbia: _____

B. Anticipated graduation date (month/year): _____

C. Specify your school/program at Columbia (check all that apply):

- Columbia College SEAS Undergraduate SEAS 3-2 Combined Plan Program
- School of General Studies – Undergraduate School of General Studies - Postbaccalaureate Premedical
- Graduate/Professional School: _____ Program: _____
- Visiting Student – specify home University & semester(s) you will attend CU: _____
- High School Program – specify program: _____

Specify which session you will be attending (check one): Session I Session II

Will you live on campus? YES NO

I am a Prospective Student – specify Columbia School/Program & semester: _____

D. Check all that apply:

- I am an International student
- I am an athlete (specify team affiliation): _____
- I am a military veteran (specify VA affiliation, if applicable): _____

III. Referral Information

Please indicate how you heard about Disability Services (check all that apply):

- Columbia Website Columbia Student Family Member Professor/ TA Academic Advisor/Dean
- Counseling and Psychological Services (CPS) or CUMC Mental Health Services Orientation
- Medical Services or CUMC Student Health Services

If referred from another department at Columbia, please indicate name of person: _____

Other: _____

IV. Previous Schools and Accommodations

Previous School(s) Attended	Dates Attended (From – To)	List All Approved Disability Accommodations and Services from Previous School(s)

V. Disability Information & Documentation

Specify your disability type(s) - check all that are applicable:

- Physical or Mobility Psychological Chronic Medical Condition
- Specify: _____ Specify: _____ Specify: _____
- Deaf or Hard-of Hearing Blind or Low Vision Attention Deficit/Hyperactivity Disorder (AD/HD)
- Traumatic Brain Injury Learning Disability Other: _____

Primary disability type for which you are requesting accommodations: _____

Date of diagnosis(es): _____

Please provide information about the disability documentation you will be submitting to our office. Note you are responsible for ensuring your documentation meets DS [documentation guidelines](#).

Name of Provider on Documentation: _____

Date(s) of Documentation (month/year): _____

Type(s) of Documentation:

- Learning Disability, AD/HD, Psycho-Educational, or Neuropsychological Evaluation
- Disability Verification Form (available on DS website at <http://health.columbia.edu/forms>)
- Letter from Treatment Provider
- Letter from previous school confirming approved disability accommodations
- Other: _____

VI. Student Narrative/Statement on Impact

The purpose of this section is to serve as a supplement to the disability documentation you submit by way of self-report. In this section, you are prompted to describe the limitations you experience and how those limitations impact your academic performance/participation in Columbia's programs/campus and outside the classroom. This information helps us better understand your reason(s) for requesting accommodations at Columbia. Should you need more room to complete this section, please feel free to include an addendum.

List the specific cognitive/academic difficulties you experience related to your disability (e.g. reading, writing, concentration, memory, time management, note-taking, etc.) that may impact your ability to complete your coursework or other program requirements: _____

Please describe your academic performance at Columbia thus far or from your most recent school.

Provide any information about your program that you feel is important and relevant to your accommodation request.

How does your disability affect you in your everyday life, daily activities, getting around campus, social interactions, outside the classroom?

How have accommodations been helpful to you in the past? If you are requesting accommodations for the first time, please describe the reason(s) accommodations were not needed previously.

Only complete the section(s) below that apply to your documented disability(ies). After you have completed the appropriate section, move on to Section VII.

Part A: Deaf or hard-of-hearing **Part B:** Visual disability or blind **Part C:** Physical/mobility disability, or temporary injury

A. To be completed only by individuals with a hearing disability or who are Deaf:

Do you wear hearing aids or cochlear implants? YES NO

If yes, check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Behind-the-ear hearing aids | <input type="checkbox"/> Cochlear implant – body worn processor |
| Do they have Direct Audio Input (DAI)? <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> My device has telecoils |
| <input type="checkbox"/> In-the-ear hearing aids | Have you used a neckloop with telecoils? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> In-the-canal hearing aids | <input type="checkbox"/> My device has a M-T (microphone-telecoil) switch |
| <input type="checkbox"/> Cochlear implant – ear level processor | |

Do you or have you used an FM system/assistive listening device in the past? YES NO

If yes, please specify type (brand, model): _____

If yes, how does/did sound get to your ear?:

- | | |
|---|---|
| <input type="checkbox"/> neckloop | <input type="checkbox"/> earphone (in the ear) |
| <input type="checkbox"/> cochlear implant | <input type="checkbox"/> headphone (over the ear) |

Do you use captioned media? Yes No

What means of expression and receptive communication do you use? (check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Oral Communication | <input type="checkbox"/> Speech Reading | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Signing Exact English |
| <input type="checkbox"/> Speech-to-text transcription (e.g. CART, C-Print) - Please specify your preferred type: _____ | | | |
| <input type="checkbox"/> Other (specify): _____ | | | |

B. To be completed only by individuals with a visual disability or who are blind:

Visual Acuity (if applicable): _____ Right Eye: _____ Left Eye: _____

Degree of Blindness: Total Light Perception Form Perception

Travel Aids: Cane Service Animal Other: _____

Do you use Assistive Technology? Specify type(s): _____

Do you use alternate format reading materials? YES NO

If yes, indicate your preferred alternate format from the following:

- Large Print**
Specify font size and type (e.g. 20 point bold, sans serif font): _____
If you use large print, specify whether it is used for visual subjects only (e.g. math, science, art) or for all subjects: _____

- Electronic Format**
Specify file type (e.g. Word, DAISY, audio file, accessible PDF): _____

- Braille**
- Other** (specify): _____

C. To be completed only by individuals with a physical or other mobility disability, or temporary injury:

Which, if any, of the following mobility aids do you use?

- | | | | |
|--|---|---|-------------------------------|
| <input type="checkbox"/> Prosthesis (specify): _____ | <input type="checkbox"/> Braces | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Motorized wheelchair/scooter | <input type="checkbox"/> Other (specify): _____ | |

Do you use stairs? (If so, specify general number tolerable): _____

VII. Accommodations and Services

Please specify the accommodations you are requesting. Disability Services will consider your request in light of your disability as described in your supporting documentation, and other information provided to Disability Services, as well as the requirements of your specific academic program.

Campus Accommodations:

- Elevator and lift access
Specify location(s): _____
- Locker on campus - specify location: _____
- Orientation and Mobility Training
- Accommodations for campus visit - date of visit: _____
Specify accommodations: _____

Classroom Accommodations:

- Note-taking services
- Permission to use laptop for note-taking in class
- Permission to audio record lectures
- Accessible classroom and furniture - specify your need: _____
- Other classroom accommodations: _____

Exam Accommodations:

- Extended time for in-class exams and quizzes Amount requested: _____ minutes per hour
- Reduced-capacity environment for quizzes and exams (generally, divide room capacity by 3 to determine the appropriate number of occupants for a reduced-capacity environment)
- Scribe for exams (answer recorded/written for student)
- Use of computer for exams – specify: MAC PC No preference
- "Stop the clock" rest breaks: Up to 15 minutes per hour of exam time
- Accommodations for General Studies Admissions Exam or other placement/waiver exams (for any Columbia school):
Specify Exam(s): _____
Specify Accommodations (if different from above): _____
- Other exam accommodations: _____

Academic Accommodations:

- Modifications to course requirements
Specify course/request: _____
- Priority Registration
- Learning Specialist Sessions
- Other academic accommodations: _____

Communication/Technology Accommodations:

- Sign-language interpreters
- Assistive listening devices (e.g. FM or Infrared systems)
- Real time captioning (CART)
- Captioned videos, podcasts, or other media
- Other: _____
- Assistive Technology
Specify type: _____
- Textbooks in alternate format
 - Electronic text- Microsoft Word format
 - Electronic text- structured PDF
 - Large print (specify font sizes and styles): _____
 - Audio format (specify): _____
 - Other: _____

Other Accommodations:

Other accommodations - specify: _____

- I am not requesting accommodations at this time but would like to register given the changing nature of my disability
 I'm not sure what I need

Reminder: It generally takes up to 3 weeks to review your request, once the Registration Form AND disability documentation are received. We are unable to review your requests until both are received.

Should you have questions about completing this form, about your disability documentation, or if you wish to learn more about the registration process, you are welcome to email disability@columbia.edu, visit DS during [drop-in hours](#), or can refer to our [website](#) for such information.

Student Acknowledgement Form

Prior Disclosure to University Faculty, Staff, Administrators:

Have you discussed your need for accommodations and/or disability status with any University officials (e.g. advising dean, professors, etc.)? Yes No

If yes, please specify who you shared this information with and the type of information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): _____

Information provided: _____

Confidentiality & Release of Information

Confidentiality:

The University recognizes that student disability records contain confidential information and as such documentation of a student's disability is maintained in a confidential file at Disability Services (DS). Although, disability and accommodation records are considered part of the student's educational record, documentation concerning disabilities is separate from the student's general academic record. Eligibility for disability accommodations will not appear on your transcript.

DS will maintain the confidentiality of all student records as required or permitted by law. Procedures for handling student information have been adopted by DS and are rigorously followed by the DS staff. Students are informed of their confidentiality rights during their first meeting with DS.

Please note that this document will serve as written authorization under the University's Family Educational Rights and Privacy Act (FERPA) policy for disclosure to appropriate faculty and staff of one's status as a registered student with DS. Under this federal law, in some circumstances, prior written consent by the student may be required before DS may release disability documentation and/or records. This document will serve as written authorization for DS to share information as needed in order to effectuate your accommodation request. Any disclosure and/or discussion of disability-related information is used to guide DS for the purpose of coordinating and administering requested accommodations. Your signature below confirms that you understand that this authorization will be deemed effective for the entire period you are enrolled at Columbia University (and/or at an affiliated institution) and seek the assistance of DS, unless you otherwise affirmatively revoke your authorization in writing to DS. This authorization begins at the time this form is submitted and applies during times away from Columbia including, but not limited to breaks between semesters, medical leave, studying abroad, etc.

To facilitate your request for accommodations, DS may provide information about your accommodation request and disability-related needs to University officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

- [DS Liaison](#) (Designated administrators in various programs throughout the University.)
- Columbia Health/CUMC Student Health Services
- Counseling and Psychological Services/Student Mental Health Service
- Advising Dean/Deans
- Faculty/Administrators
- Clinical Preceptors/Field Instructors
- Athletics department
- Other school officials

Disclosures to Third Parties

- To provide your written consent to disclose medical/disability-related information or medical documents to third parties (outside the University) that you specify, you must submit the [Disability Services Release Form](#).
- The signing of the Release Form does not automatically extend to parents or other family members. If you wish to grant permission for DS to communicate with your parents or other family members, the names of such individuals must be included in the Release Form.
- A student's file may be released pursuant to a court order or subpoena. In addition, a student may give written authorization for the release of educational information when the student wishes to share it with others. Before giving such authorization, the student should understand the information being released, the purpose of the release, and to whom the information is being released.
- When a student expresses intent of harm to self or others, Disability Services will contact Counseling and Psychological Services (Morningside), Student Mental Health Service (CUMC) or Public Safety/NYC Emergency Services.
- Disability Services will fulfill its reporting obligation in the event of suspected child abuse or maltreatment as outlined in the University Protection of Minors policy: <http://compliance.columbia.edu/minors.html>
- University administrators who learn of suspected instances of discrimination, including instances related to disability, have a duty to refer the information immediately to the Office of Equal Opportunity and Affirmative Action. These procedures are intended to ensure a safe and nondiscriminatory employment and educational environment and comply with applicable law.

Guidance for Students

Your signature below indicates that you have read this information, that you understand the role of the above parties in implementing accommodation(s) based on your documented needs, and that you are hereby authorizing DS to share your disability-related information with the appropriate University officials for the purpose of addressing your accommodation needs.

Name of Student (*Please print*) UNI

Signature of Student Date