

**Disability Services (DS) Registration Form**  
**for Students NOT Diagnosed with a Disability**

- Students diagnosed with a disability should complete the [Disability Services \(DS\) Registration Form](#);
- Those requesting only Housing Accommodations (appropriate form at <http://health.columbia.edu/forms>);
- Those already registered with Disability Services who wish to request supplemental accommodations (appropriate form at <http://health.columbia.edu/forms>);
- 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.

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

- Columbia College                       School of General Studies - Undergraduate  
 SEAS Undergraduate                       School of General Studies - Postbaccalaureate Premedical Program  
 Continuing Education/Graduate/Professional School

School: \_\_\_\_\_ Program: \_\_\_\_\_

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

Visiting Student – Specify Home University: \_\_\_\_\_

Semester(s) you will attend CU: \_\_\_\_\_

I am a Prospective Student – Specify Columbia School/Program: \_\_\_\_\_

**C. 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. Information from Students Not Diagnosed With a Disability

Please take the time to answer the questions below so that the DS can follow up with you to schedule a pre-screening for Learning Disability (LD) and Attention Deficit/Hyperactivity Disorder (ADHD) and/or to understand the difficulties you are experiencing more fully. Note that Disability Services does not release their referral list for evaluators of LD/ADHD without meeting with a student first to complete a pre-screening process.

Please explain in greater detail how you were referred to Disability Services, and for what reason:

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What is your most significant academic concern?

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Have you experienced a negative impact on your academic performance or personal well-being as a result? If so, please describe.

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How long have you been experiencing this concern? \_\_\_\_\_

Have you experienced this concern previously at another point, as far back as elementary school? If so, please specify.

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Have you tried any strategies on your own to help with the difficulty you're having (e.g. reading notes into a recorder and playing them back so you can listen to them)? If so, please specify.

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Have you seen a medical provider or mental health counselor regarding your concerns?  YES  NO

If yes, please indicate the following:

- Morningside student Medical Services
- Morningside Counseling and Psychological Services (CPS)
- CUMC Medical Services
- CUMC student Mental Health Service
- Private/Off-Campus Provider
- Other: \_\_\_\_\_

Are you still working with the provider you have indicated above?  YES  NO

If yes, please indicate dates and outcome of treatment:

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What are you hoping Disability Services will be able to provide in order to address your concerns?

- Work with a Learning Specialist to develop study skills, time management strategies, or note-taking skills
- Referral list to update my learning disability or AD/HD evaluation
- Referral list for evaluators to complete an initial evaluation of LD/ADHD
- Explore my academic difficulties to better understand their cause
- Accommodations (refer to the next section to specify which accommodations you are requesting)

## VII. Accommodations and Services

Please specify what 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.

### Testing Accommodations:

- Extended time for in-class exams and quizzes      Amount Requested: \_\_\_\_\_ minutes per hour
- Smaller proctored environment
- Scribe for exams (answer recorded/written for student)
- Use of computer for exams
- "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 Testing Accommodation: \_\_\_\_\_

### Classroom Accommodations:

- Note-taking Services
- Permission to use laptop for note-taking in class
- Permission to tape record lectures
- Accessible classroom and furniture. Specify your need: \_\_\_\_\_
- Other Classroom 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: \_\_\_\_\_

### 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: \_\_\_\_\_

### Other Accommodations:

- Foreign Language Substitution – **Note:** You must complete the [Request for Foreign Language Substitution form](#)
- Other Accommodation(s)  
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 – I'd like to discuss this with someone

## Student Acknowledgement Form/Confidentiality

### 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 with and the information you provided. This information will help Disability Services (DS) determine next best steps, if applicable.

Name of University official(s): \_\_\_\_\_

Information provided: \_\_\_\_\_

### Accommodations:

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
- Advising Dean/Deans
- Faculty/Administrators
- Athletics department
- Other school officials

Disability Services adheres to the confidentiality standards described in the University's [Policy on Access to Student Records under the Federal Family Educational Rights and Privacy Act \(FERPA\)](#). Under this University policy, prior written consent by the student may be required before DS may release disability documentation and/or records to others depending on circumstances.

**Please note:** This document will serve as written authorization under the University's FERPA policy for DS to share information as it deems necessary in order to consider and implement your accommodations.

You understand that this authorization will be deemed effective for the entire period you are studying 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.

### Disclosures to Third Parties Outside the University

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.

**Mandated Reporting**

Disability Services staff are mandated reporters, including in situations where a student expresses intent of harm to self or others, and where a student discloses sexual harassment, sexual assault, gender-based harassment, stalking, and/or dating violence and domestic violence.

Disability Services will contact Counseling & Psychological Services (Morningside) or Student Mental Health Service (CUMC) or Public Safety for students expressing intent of harm to self or others.

Disability Services will contact the Equal Opportunity and Affirmative Action or Gender Based Misconduct for students disclosing any discrimination, harassment, and/or gender-based misconduct.

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. Your signature below also indicates that you understand that DS staff are mandated reporters.

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Name of Student (*Please print*) UNI

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Signature of Student Date