



Rhode Island School of Design
 Office of Disability Support Services
 311 Carr Haus
 2 College St. Providence RI 02903
 Phone: 401-709-8460
 Fax: 401-454-6211

Application for Services

Name: _____ Date of Birth: _____

Start(ed) attending RISD in (month) _____ of (year) _____
 as a Precollege Freshman Transfer Graduate

RISD E-Mail Address: _____

Cell Phone: _____ Home Phone: _____

Permanent Address -Street: _____

Permanent City: _____ State: _____ Zip: _____

Please mark **ALL** that apply: I am requesting accommodations because I am an individual with:

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Other Psychological Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Physical/Medical Impairment |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury/Closed Head |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
- Other: _____

Will you be requesting housing accommodations due to your disability? yes no
 (If yes, please schedule an appointment with the Office of Disability Support Services prior to making your housing request)

Using your own words, please describe your disability(ies) and how it affects your ability to function on a college campus.

Please list any medications you are taking or therapies you are receiving and how they may affect your college performance.

Please list the academic accommodations you are requesting.

DISCLOSURE OF INFORMATION Please sign the appropriate statement

I give permission to the Student Development Office to verify or disclose my disability to faculty and/or administrators as needed to provide reasonable accommodations.

Signature _____

Date _____

I do not give permission to the Student Development Office to verify or disclose my disability to faculty and/or administrators as needed to provide reasonable accommodations.

Signature _____

Date _____

I understand I must submit documentation of my disability prior to receiving accommodations.

Signature: _____ Date: _____