Weill Cornell Medicine

Office of Civil Rights and Investigations

Application for Student Disability Services

I. General Information

Name: _____ Student ID #: _____

Gender: _____ Date of Birth:_____/_____/_____

School: _____ Program: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone: ( ) _____-_____ Email Address: _____

Local Address: ( ) check here if same as Permanent Address

Address: _____

City: _____ State: _____ Zip Code: _____

Permanent Phone: ( ) _____-_____

II. Background Information

What is your disability/diagnosis:

_____

_____

What accommodation(s) are you requesting:

_____

_____

What documentation are you providing:

_____

_____

Other pertinent information:

_____

_____

III. Confidentiality

The Disability Specialist will abide by WCM's FERPA (Family Educational Rights and Privacy Act) policy whereby all applications, supporting documentation and notes of discussions with the student about their disability/disabilities that will be kept on file with the

Office of Civil Rights and Investigations are confidential.

IV. Release of Information (internal and external sources)

In order to arrange for reasonable and appropriate accommodations, it may be necessary for the Disability Specialist to communicate to the following individuals on your behalf.

I, _____, am enrolled as a student in the:

- □ Weill Cornell Medical College
- □ Weill Cornell Graduate School of Medicine Sciences/ Program: _____
- □ Weill Cornell MD-PhD Program

I give permission to the Disability Specialist at Weill Cornell Medicine, to share information with the following individual(s) on my behalf:

_____ Course/Clerkship Directors of the Weill Cornell Medical College
_____ Course Directors of the Weill Cornell Graduate School of Medical Sciences
_____ Other individuals (counselors, physicians, etc.)

Student Signature:_____ Date: _____

Please return the completed Request for Accommodations form along with supporting documentation to:

Devin Sullivan
Case Manager & Disability Specialist
Email: des4014@med.cornell.edu
Phone: (917) 581-0981