



Date: _____

First Name: _____

Last Name: _____

NYIT Student ID No.: _____

Phone: _____

E-mail: _____

Student classification:

- Undergraduate
- Graduate
- Online
- Continuing education

Anticipated program of study:

Type of disability:

- Physical
- Learning
- Medical
- Psychiatric
- Visual
- Auditory
- Sensory
- ADD/hyperactivity disorder
- I prefer not to disclose this information at this time
- Other

Questions/comments: _____

Upon receipt of this form, the Office of Disability Services will contact you to arrange an intake interview. If you have any questions, contact the Office of Disability Services.

Old Westbury campus
 Theobald Hall
 Room 401
 Phone: 516.686.7976
 Fax: 516.686.7802

Manhattan campus
 26 W. 61st St.
 Room 511
 Phone: 212.261.1770