

# Self-Identification Form

**NEW YORK INSTITUTE OF TECHNOLOGY**

Office of Accessibility Services

New York Institute of Technology adheres to the requirements of the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973, Section 504. No qualified individual with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of this institution's classes or facilities. The College has made reasonable modifications in policies, practices, procedures, and/or facilities when such modifications were necessary, to accommodate the needs of disabled individuals. The Office of Accessibility Services has been designated to coordinate compliance with the nondiscrimination requirements contained in Subtitle A of the Americans with Disabilities Act of (ADA) of 1990.

## PART I: STUDENT INFORMATION

<b>Last name</b>				<b>First name</b>			
<b>NYIT ID</b>				<b>NYIT email</b>			
<b>Contact phone</b>				<b>Date</b>	MM/DD/YYYY		
<b>Anticipated program of study</b>							
<b>Campus</b>	Long Island	Manhattan	Online				
<b>Registration Status</b>	Undergraduate	Graduate	Continuing Ed.				

Identification of oneself as an individual with a diagnosed disability is voluntary. Diagnostic information will be kept confidential should a student choose to register with the OAS. In securing appropriate accommodations, the OAS will share only accommodations information with necessary New York Institute of Technology Faculty and Staff, not health/diagnostic information.

## Nature of Diagnosis

Learning	Autism/Developmental	Mental health
Attention	Speech/Communication	Medical/Dietary
Physical/Mobility/Orthopedic	Sensory	Other (please describe below)
I prefer not to disclose at this time		

You may use this space to provide additional information to help the OAS understand your needs. You are welcome to indicate specific accommodations you are seeking.

## PART II: OFFICE OF ACCESSIBILITY SERVICES INFORMATION

The Assistant Director of Accessibility Services will assist you in registering for accommodations. You must submit this form along with a verification from an appropriate clinician and information about accommodations that are recommended and/or accommodations you've received in the past. An intake interview with an OAS representative will be arranged to finalize your registration. For questions, please contact:

### Walter Mayer LMSW

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