

Accommodations for Students with Disabilities – Voluntary Self-Identification Form

Syracuse University is committed to full compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 to the extent that those federal statutes, which protect the rights of students with disabilities, apply to the University's programs of study abroad. You are not required to inform us of the disability; however, your doing so will help us assess your needs as a student and our abilities to provide accommodations abroad. Because many accommodations require early planning, requests for accommodations should be made as early as possible.

If you are currently a student with a disability and will be participating on a DIPA program, you should contact your Disability Counselor to discuss what accommodations may be appropriate while you are abroad. If you are a new student with a documented disability and wish to request accommodations from Syracuse University, it is important that you provide us with documentation of your disability. If you have a learning disability, the documentation must include a complete psycho-educational evaluation conducted by a qualified diagnostician such as a learning specialist or licensed psychologist. If you have an Attention Deficit Disorder, this documentation must originate from a qualified professional. Individuals with other disabilities must provide a letter from a qualified health professional which includes a diagnosis and an outline of functional limits.

It is important that these materials sufficiently document the need for accommodations being requested through Syracuse University while you are abroad. They should include, when appropriate, a specific diagnosis and interpretation of test scores. Specific recommendations for accommodations included in the documentation will be reviewed to determine their appropriateness in an overseas educational setting. Reasonable accommodations that do not constitute a fundamental alteration of the curriculum or program will be identified as a result of the information provided by the student, the specialist in the field and the appropriate University official. Syracuse University may require, depending upon circumstances, that testing information and documentation be less than three years old.

If you have a disability and wish to disclose, please complete Form 4 and return it to DIPA with appropriate documentation by May 1 (fall semester) or November 1 (spring semester).

Return forms to: Attn: Ginny Pellam-Montalbano
Division of International Programs Abroad
Syracuse University
106 Walnut Place
Syracuse, NY 13244-2650

We will consult with Syracuse University's Office of Disability Services (ODS). If you have any questions regarding Disability Services, or you wish to discuss accommodations, you may call the Office of Disability Services at 315-443-4498 (voice) or 315-443-5019 (TDD and voice).

ODS contact: Director of the Office of Disability Services
Division of Student Support and Retention
Room 309, 804 University Avenue
Syracuse University
Syracuse, New York 13244-2330

FORM #4: Accommodation Request for Students with Disabilities --- Voluntary Self-Identification Form --- submit by mail or fax

If you have a disability of which you would like us to be aware, and if you are requesting for accommodations to be made, please complete this form and return it to the Division of International Programs Abroad (DIPA). The completion of this form is voluntary. Please note that your documentation must come from a specialist, include a diagnosis and the specialist's recommendations for accommodations, and Syracuse University may require, depending on the circumstances, that testing information and documentation be less than three years old. Syracuse University is committed to compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to the extent that those federal statutes, which protect the rights of students, apply to the University's study abroad programs.

Name _____ SS# _____

Campus Address _____

Campus Telephone Number _____ E-mail Address _____

Home Address _____

Home Telephone Number _____ Country of Study/Semester _____

Disability: (please specify and attach appropriate documentation)

Please indicate the services or accommodations that you are requesting

Have you applied for sponsorship through Vocational and Education Services of Individuals with Disabilities (VESID), Commission for the Blind and Visually Handicapped (CBVH), or a similar agency?

YES _____ NO _____

If yes, please complete the following:

Agency name: _____

Agency address: _____

Agency telephone: _____

Counselor's name: _____

Name _____
last first middle initial

RELEASE OF INFORMATION

I hereby give permission to the Division of International Programs Abroad (DIPA) to release information regarding my academic records as it relates to my accommodations (e.g., summary of medical condition, psychoeducational evaluation information). Information concerning accommodations may be released to Syracuse University personnel who have a legitimate interest in the information and in the event of a health or safety emergency. DIPA believes that this may include, but is not necessarily limited to, DIPA Program Administrators in Syracuse and abroad, the Syracuse University Health Center, and Syracuse University Disability Services personnel.

Signature _____ Date _____

Return this completed form to: Attn: Ginny Pellam-Montalbano
Division of International Programs Abroad
Syracuse University
106 Walnut Place
Syracuse, NY 13244-2650
FAX: 315-443-4593