Office of Student Life

And sign below

Voluntary Disclosure of a Disability Intake Form

The Assistant Dean for Student Life serves as Eastman's Access Coordinator supporting students with disabilities. Students should complete this form, and return or email it to the Access Coordinator only if you have a disability you wish to voluntarily disclose and/or if you will be requesting reasonable accommodations. It is important that this form is filled out by the student and not by the parent/guardian, unless the student is unable to do so.

Please send by mail, fax, or email all supporting medical documentation well in advance of your arrival to campus. The review process will begin once our office has received your supporting medical documentation.

For more detailed information visit [http://www.esm.rochester.edu/studentlife/disabilities/](http://www.esm.rochester.edu/studentlife/disabilities/).

<table>
<thead>
<tr>
<th>Student's Name: ___________________________</th>
<th>Birth date: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone: _______________________________</td>
<td>Cell Phone: ___________________________</td>
</tr>
<tr>
<td>ESM Email: ________________________________</td>
<td>Student ID#: __________________________</td>
</tr>
<tr>
<td>Class Year: ’16 ’17 ’18 ’19 ’20 ’21 other</td>
<td>Major: _________________________________</td>
</tr>
<tr>
<td>Semester and Year Entered: __________________</td>
<td>Today’s Date: __________________________</td>
</tr>
</tbody>
</table>

1. Have you been admitted to Eastman School of Music?  
   - Yes  
   - No

2. Are you a dual degree student?  
   - Yes  
   - No

3. How would you describe your disability category (please check one or more boxes as appropriate):
   - Learning
   - ADD/ADHD
   - Autism Spectrum Disorder
   - Mobility Impairment
   - Medical
   - Speech
   - Hearing
   - Visual
   - Developmental
   - Psychological/Psychiatric
   - Neurological
   - Chronic Illness
   - Other (please describe)

4. Indicate your specific diagnosis and describe your condition (attach additional information as needed):

5. Academic Status (please check one):
   - Incoming Freshman/Transfer (anticipated date of enrollment_________________________)
   - Sophomore
   - Junior
   - Senior
   - Graduate
   - Visiting/Gap Year/Immersion
6. What academic accommodations are you requesting?

7. If you will be attending New Student Orientation in August, will you require testing accommodations for your placement tests? If yes, your supporting medical documentation must be received no later than July 24, 2015.  

☐ Yes  ☐ No

8. Will you require non-academic dining or housing accommodations while at Eastman?  

☐ Yes  ☐ No

If yes, please follow the official 3-step process at http://www.rochester.edu/eoc/HousingDining.html

9. Do you have a mobility concern that could prevent you from evacuating a building in an emergency? If yes, please describe.  

☐ Yes  ☐ No

---

**Documentation Verification Release**

It may be necessary to contact a student’s parents, legal guardian and/or health care professional during the review process. Please indicate whom we may contact on your behalf and sign below:

☐ You may contact my parents or legal guardian

☐ You may contact my healthcare professional

☐ Do not contact anyone on my behalf

---

**Disclosure Information**

By completing and signing this intake form, the student is voluntarily disclosing a disability and requesting accommodations. Disclosure of a disability at this time does not necessarily confirm eligibility status for services or accommodations. While the Access Coordinator will make every attempt to quickly review all requests for accommodations, the review process may take several weeks or longer, depending upon the comprehensiveness and currency of the supporting documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and review in connection with this institution’s commitment and obligation to students with disabilities.

*By signing below, you confirm that you have read (or have had read to you) and understand this document.*

__________________________  __________________________
(Student’s Signature)        (Date)

Rev. 5/2015