

This information is provided on a voluntary basis only. If you have a **documented learning disability** or **physical handicap**, please complete this form and attach supporting documentation (IEP, evaluations, etc.). This information is kept confidential and used to assist you during your studies at PrattMWP. **Return by Monday, June 15.**

## STUDENT INFORMATION

Last Name		First Name		M.I.		
Student ID		Birth Date (month/day/year)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Permanent Mailing Address			City		State	Zip Code
Home Phone		Student Cell Phone		Email		

## IDENTIFICATION AND VERIFICATION OF DISABILITY

Please be as specific and detailed as possible.

- Learning Disability/Diagnosis: \_\_\_\_\_  
Supporting Documentation Included:  
 IEP/ 504 Plan attached  
 Test/ Evaluation Results attached  
 Other: \_\_\_\_\_
- Developmental Disability/Diagnosis: \_\_\_\_\_  
 Supporting Documentation attached
- Visual Impairment  
 Supporting Documentation/ Accommodations attached
- Hearing Impairment  
 Supporting Documentation/ Accommodations attached
- Physical Disability  
Physician Documentation Attached:  
 Uses Wheelchair  Uses Crutches  Uses a Brace or Appliance  
 Uses a Prosthesis  Other: \_\_\_\_\_
- Other: \_\_\_\_\_  
 Documentation attached

## DISCLOSURE OF INFORMATION

**For Learning and Developmental Disabilities:** Upon the start of each semester if you wish to utilize your learning assistance accommodations (IEP/504) please meet with the Resource Studio Coordinator to discuss your individual implementation plan. The authorization to disclose information with faculty must be made each semester.

**For Physical Disabilities:** Because physical disabilities, including visual and hearing impairment, may impact residential life housing assignments please select a choice below and sign.

- I **authorize** the Residential Life Coordinator to be made aware of my physical disability or impairments so that it can be taken into account for room assignments. (Full disclosure documentation attached.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I **do not authorize** the Student Life Director to disclose any information about my physical disabilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return To:

PrattMWP College of Art and Design  
Admissions Office  
310 Genesee Street  
Utica, NY 13502  
Fax: (315)797-9349