

**Request for Reasonable Orientation Accommodations Application**

**INSTRUCTIONS TO STUDENT:** The **student** will complete **Part I** of this form. The **student** must sign **Part II,** Authorization for Release of Information, and **attach supporting disability documentation.** Submit:

 1.) This completed form (all pages)

 AND

 2.) Supporting disability documentation to:

 **The Rhode Island College Disability Services Center** at:

 dsc@ric.edu or fax to 401-456-9525.

Documentation Guidelines are found on the Disability Services Center’s website: <http://www.ric.edu/disabilityservices> under “Disability Verification Documentation”

**Part I. REQUEST FOR REASONABLE ORIENTATION ACCOMMODATIONS**

**PLEASE NOTE**: This process and all related disability documentation are specific to ORIENTATION accommodation requests only. To request academic accommodations for courses, you must make an appointment after Orientation with the Disability Services Center. Please visit our website at **www.ric.edu/disabilityservices**, e-mail **dsc@ric.edu**, or call **401-456-2776** for more information.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RIC ID# (if known)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intended Major at RIC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please the list disability/disabilities** **you are requesting Orientation Accommodations for:** (examples: learning disability, ADHD, chronic health, mental health, visual, hearing, autism spectrum, physical, temporary)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting the following orientation accommodations:**

Please select with an “X”:

\_\_\_Sign Language Interpreter

\_\_\_Extra time for the Math Placement Test

\_\_\_Alternately Formatted Online Materials (please explain specific access needs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II. AUTHORIZATION FOR RELEASE OF INFORMATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Student Name) hereby authorize the Disability Services Center (DSC) to discuss information contained in this application with Rhode Island College Staff, as it relates to my condition and needs for Orientation and Advising during the Virtual Orientation Program.

Pursuant to HIPAA, the following are specified as part of this authorization: The purpose of disclosure is to assist Rhode Island College in determining whether I have a disability as defined by the Americans with Disabilities Act and what accommodations may be appropriate for Orientation. This authorization expires one year after the date it is signed.

 I understand that I have the right to revoke this authorization at any time by providing written notification to Rhode Island College or the individuals and organizations listed above, and that revoking this authorization does not apply to information that has already been released by this authorization. I am also aware that any information disclosed to Rhode Island College is subject to other state and federal privacy laws.

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

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Only if student is under age 18)

*Please remember to submit* ***supporting disability documentation*** *with this completed form. Documentation Guidelines are found at* [*www.ric.edu/disabilityservices*](http://www.ric.edu/disabilityservices) .