



Request for Reasonable Orientation Accommodations Application

INSTRUCTIONS TO STUDENT: Please submit this completed form along with a **documentation letter from your healthcare provider** to the Disability Services Center at Rhode Island College at dsc@ric.edu or 401-456-9525 (fax). Your healthcare provider’s letter must include diagnostic codes, history of the diagnosis, treatment plans, and recommended accommodations for Orientation. All information provided is kept confidential under applicable laws and will only be shared with the necessary College professionals to fully evaluate and implement the request. This is a 2 page application. **Please make sure you submit both pages.**

Part I. AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____,
(Student Name)

hereby authorize the Disability Services Center (DSC) to discuss information in this application with Rhode Island College Staff, as it relates to my condition and needs for Orientation.

This authorization encompasses all records pertaining to my condition, including “third party records” created by any other individuals or organizations which I’ve included in this application. 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 have been informed that the information disclosed may be re-disclosed if the recipient(s) of this information is not required by law to protect the privacy of the information, and the information is no longer protected by HIPAA privacy rules. 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)



Part II. 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 RIC courses, you must complete the Disability Services Center registration process. Please visit our website at www.ric.edu/disabilityservices, or call 401-456-2776 for more information.

Name: _____

Date of Birth _____ RIC ID# (if known): _____

Phone: _____ E-Mail: _____

Orientation Cycle/Dates You Will Be Attending:

I am requesting the following orientation accommodations:

Please check all that apply:

- Single Room for overnight stay
- Exemption from overnight stay
- Sign Language Interpreter
- Testing Accommodations (extra time and/or reduced distraction room)
- Ground Level Room
- Dietary Restrictions (please explain)

- Alternately Formatted Materials (please explain, i.e. large print, electronic format, etc.) _____

- Wheelchair Accessible Unit (please specify what modifications you need, i.e. grab bars roll-in shower, etc.)

- Other (please specify):
