

Dear Student:

Welcome to the Office of Disability Services (ODS)! ODS recognizes disability as an aspect of diversity that is integral to society and our campus community. Accessibility is an essential feature of the Florida Poly campus, and we strive to create an inclusive community for our students.

In this packet you will find information relating to requesting accommodations. To begin the accommodation process, please take the following steps:

1. Read "Requesting Disability Services Checklist and Instructions."
2. Complete the "Request Form for Disability Services."
3. Gather required documentation.
4. Submit the "Request Form" along with the required documentation to the ODS via email or in person.

ODS will review your request for Disability Services within 10 business days. If you are granted accommodations, you will receive an approval letter, along with information on how to use your specific accommodations. You can begin using your accommodations only after you receive an approval letter. It is recommended that you request accommodations at least three (3) weeks prior to the start of the semester.

We look forward to working with you as you succeed here at Florida Poly! Please feel free to contact the ODS if you have any questions or need any assistance. The ODS can be reached at disabilityservices@floridapoly.edu and (863) 874-8642.

Sincerely,

Carolina Barrios

Carolina Barrios, MA, RMHCI
Academic Success Coach - Disability Services

Requesting Disability Services Checklist and Instructions

To request academic accommodations, please complete the following forms. Once complete, email or drop off completed application along with required documentation to the ODS office. Allow up to 10 business days for processing. Monitor your email closely, as communications will be via email.

INSTRUCTIONS AND STEPS

1. Complete the following and drop off to ODS or email to disabilityservices@floridapoly.edu.
 - a. Required: Completed "Request Form for Disability Services."
 - b. Required: Proper "Disability Verification" form and documentation from a licensed professional about the disability.
 - c. Optional: Any supporting documentation that could be helpful in determining accommodations such as an IEP or 504 plan. *Please note that these cannot be used as primary documentation: they are supporting documentation only.*

IMPORTANT NOTES

- Your medical or mental health professional MUST NOT be a Florida Polytechnic University employee.
 - Psychological evaluations must not be more than one year old to qualify as acceptable documentation.
 - If Florida Polytechnic University finds that the information in the initial documentation is incomplete or inadequate, you will be asked to supplement it with additional information.
2. If the request for accommodations is granted, ODS will write a letter describing the accommodations.
 3. A short meeting with you (the student) will be scheduled to discuss the accommodations and information on how to use them. After meeting, you will receive a paper copy of the accommodations and an emailed PDF version (to your official Florida Poly email address).
 4. You are responsible for giving copies of your accommodation letter to your professors and any other University employees who you feel need to know about your accommodations.
 5. If your request for accommodations is denied, ODS will email you with the decision letter and the appeals process.
 6. Optional: You may fill out the National Voter Registration Act Preference Form/Application included at the end of this packet.

For more information, please visit the Disability Services website at <https://floridapoly.edu/campus-life/health-wellness/disability-services/>

Request Form for Disability Services

(to be completed by all applicants)

Please note this form should be filled out by students only (unless under age 18). While parents or guardians may assist, students should not have anyone else (including healthcare providers) complete this form on their behalf. Separate medical documentation from a licensed professional is required as supplemental material.

Student's Name: _____ DOB: _____

Telephone Number: _____ Okay to leave msg? _____

Personal Email Address: _____ Okay to contact? _____

University Email Address: _____ Student ID # _____

Would you be interested in participating in the ODS Mentoring program? Circle YES or NO

VOLUNTARY DEMOGRAPHIC DATA

Preferred Pronoun: _____

This information helps our office appropriately address you. If you choose to disclose, it will solely be used for ODS purposes.

Age: _____ Military Status: _____ Veteran: Circle YES or NO

Diagnostic statement (including DSM/ICD diagnosis):

Describe the academic impact the disability/disorder/medical condition has in the school setting:

Name of diagnostician, credentials, and licensure:

Treatment, medications, and assistive devices/services currently prescribed or in use:

Describe the functional impact the disability/disorder/medical condition has on life and home activities:

What is the expected progression or stability of the impact of the disability (and if temporary, how long?):

History of accommodations (if applicable, please attach previous accommodations):

Specific Requested Accommodations:

Submit completed application to
Florida Polytechnic University
Academic Success Center: The Office of Disability Services
<https://floridapoly.edu/campus-life/health-wellness/disability-services/>

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Disability Verification: Psychological

(To be completed by diagnosing/current psychiatrist or psychologist)

The Office of Disability Services provides support services to students with diagnosed disabilities, including psychological disabilities. To determine the provision of reasonable and appropriate accommodations for our students, we require current and comprehensive documentation of the disorder from the diagnosing/current psychiatrist or psychologist. Thank you for your assistance.

Please provide the information about this client: _____

DSM-IV Diagnosis: _____

Date of Diagnosis: _____ Last date of contact with client: _____

Describe the symptoms associated with this disorder:

Describe how this disorder may affect this client in the college environment as a student:

List current medications, dosage, frequency and possible adverse side effects:

List any recommendations for accommodations for your client in an academic setting (i.e. extra time for exams, quiet testing area, etc.):

Please describe any specific concerns you may have, or ways that we may be of further assistance to this client:

Medical Professional's Signature:

Date:

Printed Name and Title:

Address:

Phone: ()

Submit completed application to
Florida Polytechnic University
Academic Success Center: The Office of Disability Services
<https://floridapoly.edu/campus-life/health-wellness/disability-services/>

Disability Verification: Physical

(To be completed by diagnosing or current physician)

The Office of Disability Services provides support services to students with diagnosed disabilities, including physical medical conditions. To determine the provision of reasonable and appropriate accommodations for our students, we require current and comprehensive documentation of the condition from the diagnosing/current physician. Thank you for your assistance.

Please provide information about this client: _____

Diagnosis: _____

Date of Diagnosis: _____ Last date of contact with client: _____

Describe the symptoms associated with this condition:

Describe how this condition may affect this client in the college environment as a student:

List current medications, dosage, frequency and possible adverse side effects:

List any recommendations for accommodations in an academic setting you have for this student (i.e. extra time for exams, different type of chair, lighting, etc.).

Medical Professional's Signature:

Date:

Printed Name and Title:

Address:

Phone: ()

Submit completed application to
Florida Polytechnic University
Academic Success Center: The Office of Disability Services
<https://floridapoly.edu/campus-life/health-wellness/disability-services/>

NATIONAL VOTER REGISTRATION ACT

Preference Form/Application

Client's preference (check the box only in 1. or 2.)

If you do not check any box, it will be considered that you chose not to register or update your voter registration at this time.

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

Yes No, I decline.

2. If you are registered to vote where you live now, would you like to update your voter registration record?

Yes No, I decline.

CLIENT: _____

Name or identification number Date

OFFICIAL USE ONLY (check all that apply)

[Note: Only a client who is eligible can decline or accept an opportunity to register or update a record on his or her behalf]

1. Client applied for: New services/assistance
 Renewal of services/assistance Address change
2. How client applied: In person By phone
 At home Online/web service
3. Client: Submitted registration application.
 Was sent form/application on ___/___/___(date).
 Did not complete application/took form/application.

Preference form must be retained by agency for two years from dated form (DS-DE 77-ENG; rev. 11-2011)

=====Notice of Rights=====

Help: If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

Benefits: If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

Privacy: Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

Formal Complaint: If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <http://election.dos.state.fl.us/nvra/index.shtml> or call 1-850-245-6200.

[Authority: National Voter Registration Act (42 U.S.C. 1973gg), sections 97.023, 97.058, and 97.0585, F.S.]

To Register to Vote in Florida, You Must:

- Be a U.S. citizen (a lawful permanent resident cannot register or vote)
- Be at least 18 years old (you may pre-register if you are at least 16 years old although you cannot vote until you are 18 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

If you do not meet these requirements, you are not eligible to register.

You Can Register to Vote at:

- Any Supervisor of Elections' office
- Any driver's license office or tax collector's office that issues driver's licenses
- Any voter registration agency (that is, any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library)
- The Division of Elections (Florida Department of State)

**You Can Hand-in or Mail a Completed Application to
Any of the Locations Listed Above**

If mailing, mail with sufficient postage to:

Division of Elections
R.A. Gray Building
500 S. Bronough Street
Tallahassee, Florida 32399-0250

(contact information: 850-245-6200; <http://election.dos.state.fl.us>)

Your Supervisor of Elections will contact you if your application is incomplete, denied, or a duplicate.
Once you are registered, you will receive a voter information card.

*****Turn Page Over for Registration Application*****



Application to Register in Florida

Part 1 - Instructions

To Register in Florida, you must: Be a U.S. citizen, be a Florida resident and at least 18 years old (you may also pre-register if you are 16 or 17 years old but you cannot vote until you are 18).

If you have ever been convicted of a felony or if a court has ever found you to be mentally incapacitated as to your right to vote, your right to vote has to be restored before you can register.

If you do not meet any one of these requirements, you are not eligible to register.

Where to Register: You can register to vote in-person or by mailing or hand-delivering your application to any supervisor of elections' office, any office that issues driver's licenses, a my voter registration agency (for example, any public assistance office, assisted living facility, office serving persons with disabilities, public library, or armed forces recruitment office) or the Division of Elections. If mailing application, be sure to add sufficient postage.

Deadline to Register: The deadline to register to vote is 29 days before an upcoming election. You can update your registration record at any time, but to change your political party for a primary election, you must make the change by the registration deadline. For a new application, you will be contacted if your application is incomplete, denied or a duplicate of an existing registration. If you receive a voter information card, that means you are registered to vote.

Identification (ID) Requirements: If you are a new applicant, state and federal law require you to provide a current and valid Florida driver's license number (FL DL#) or Florida Identification card number (FL ID#). If you have not been issued a FL DL# or FL ID#, you must then provide the last four digits of your Social Security Number (SSN). If you have not been issued any of these ID numbers, check "None" on the application. If you do not provide any number or do not check "None," your registration may be denied. See s.303, HAVA, and section 97.053(6), Fla. Stat.

Special ID requirements: If you are registering by mail, have never voted in Florida, and have never been issued one of the ID numbers above, you must include with your application, or at a later time before you vote, one of the following:

- A copy of an ID that shows your name and photo (acceptable IDs)—U.S. Passport, debit or credit card, military ID, student ID, retirement center ID, neighborhood association ID, or public assistance ID; or
- A copy of an ID that shows your name and current residence address (acceptable documents)—utility bill, bank statement, government check, paycheck, or other government document.

You do not have to provide the special ID to register if you are 65 or older, have a temporary or permanent physical disability, are a member of the active uniformed services or merchant marine who is absent from the county for active duty, or a family member hereof, or are currently living outside the U.S. but eligible to vote in Florida.

Political Party Affiliation: Florida is a closed primary election state. That means voters registered with a political party can only vote for that party's candidates in a partisan race on a primary election ballot. However, regardless of the political party with which you registered, you can still vote in the primary election on any issue, any nonpartisan race or any race where the candidate will face no opposition in the general election.

Indicate the political party with which you wish to be registered. If you leave the political party affiliation box blank or write "None," you will be registered without any party affiliation. For a list of political parties registered in Florida, go to the Division of Elections' website under the heading For the Voters at: <http://election.dos.state.fl.us/>

Race/Ethnicity: You are not required to list your race or ethnicity. However, if you choose to do so, please choose only one of the following: American Indian/Alaskan Native, Asian/Pacific Islander, Black (Not Hispanic) Hispanic, Multi-racial, White (Not Hispanic), or Other.

Public Record Notice: This application becomes a public record when filed. However, the following information is not available to the public and is used only for voter registration purposes: your FL DL#, FL ID# and SSN, where you registered to vote, and whether you declined to register or update your voter registration record when asked by a voter registration agency. Your signature can be viewed but not copied. (Section 97.0585, Fla. Stat.)

Criminal Offense: It is a 3rd degree felony to submit false information. Penalties include fines up to \$5,000 and/or up to 5 years of prison.

Questions: For more information, contact your local supervisor of elections, or refer to the Division of Elections' website at: <http://election.dos.state.fl.us/>

Información en español: Sírvase llamar a la oficina del supervisor de elecciones de su condado si le interesa obtener este formulario en español.

Application To Register in Florida

Part 2 - Form (national mail-in application)

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.	
1 Last Name		First Name	
2 Home Address		Middle Name(s)	
3 Address Where You Got Your Mail If Different From Above		City/Town	
4 Date of Birth		State	
5 Telephone Number (optional)		Zip Code	
6 Choice of Party (see item 7 in the instructions for your state)		ID Number - (See item 6 in the instructions for your state)	
7 Race or Ethnic Group (see item 5 in the instructions for your state)		8	
9 I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.		Please sign full name (or put mark) _____ Date: _____ Month Day Year	
If this application is for a change of name , what was your name before you changed it?			
A Last Name		First Name	
B Street (or route and box number)		Middle Name(s)	
C If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?		City/Town/County	
D State		Zip Code	
If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.			
Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.			
Example: Public School • Woodchuck Road X Public School • Woodchuck Road X			
If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).			
D			