



Student Data Sheet

Requesting New Student ID Update to Current Student ID

Student Identification # grid

Student Name

Last Name, Suffix, First Name, M.I. fields

Primary Agency

FD Identification #, Appt. Date, Primary Name fields

Secondary Agency

FD Identification #, Appt. Date, Secondary Name fields

Student Information

Address, City, State, Zip fields

Primary Phone, Primary Email fields

Date of Birth field

Last 4 of Social Security # field

Gender (optional) Male Female fields

Education Level (optional)

High School / GED, Associates, Masters, Some College, Bachelors, Other fields

Submit Form

or print and email a scanned copy to: ofpc.training@dhses.ny.gov

OFFICIAL USE ONLY

Data sheet processed by:

Date ID emailed to student: grid



## Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodations for state fire training may be made using this form and submitted via email to the Division's Designee for Reasonable Accommodation (DRA), Deputy State Fire Administrator William R. Davis, Jr. at [ofpc.ada@dhses.ny.gov](mailto:ofpc.ada@dhses.ny.gov) or by mail to: 1220 Washington Avenue, Bldg. 7A, Floor 2 • Albany, NY 12226. **All confidential information received by the Office of Fire Prevention and Control (OFPC) pertaining to your request shall be handled as such. All medical information is confidential and maintained separately from your training records. All medical information, including Individual Education Plans (IEP) or prescription, should be submitted by the student directly to [ofpc.ada@dhses.ny.gov](mailto:ofpc.ada@dhses.ny.gov).**

<b>Section A - (To be completed by student and returned via email)</b>	
Student Name	Course Name and Number
Sponsoring Agency	County
Email Address	

I am requesting the following reasonable accommodation(s):

It is necessary for me to have this accommodation for the following reason(s):

**Required:** Attach documentation to support request. Documentation should indicate an assessment was conducted or diagnosis rendered to support request for reasonable accommodation.

Student Signature (Type or Sign)	Date	<b>SUBMIT</b>
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