



Step-by-Step: Submitting An Accommodations Application

1. Go to NCF.edu and click on Student Life

The screenshot shows the top navigation bar of the New College of Florida website. The 'Student Life' link is circled in red. Below the navigation bar is a featured article titled 'New College Announces 2025 Socratic Stage Series: A National Forum for Free Speech, Debate, and Civil Discourse'. The article includes a date 'Posted February 14, 2025' and a promotional image for the 'Spring 2025' series with the tagline 'Free Speech | Civil Discourse | Fearless Dialogue'. To the right of the article is a 'Trending Now' sidebar with several smaller article thumbnails.

2. Click on Accessible Learning Center (ALC)

The screenshot shows the 'Life at New College' page. The navigation bar at the top has 'Student Life' highlighted with a red underline. Below the navigation bar, the page title is 'Life at New College'. Underneath, there is a section titled 'Explore more:' with a list of links. The 'Accessible Learning Center (ALC)' link is circled in red. Other links in the list include 'Housing & Residential Life', 'Dining Services', 'Health & Well-being', 'Safety & Conduct', and 'Counseling & Wellness Services'.

3. Click on Registering with the ALC



Home - Directory - Offices and Departments - Accessible Learning Center (ALC)

Accessible Learning Center (ALC)

Explore More:

[Registering with the ALC](#)

[Residential Accommodations](#) [Testing Services](#)

[Currently Registered ALC Students](#)

[Accessibility Resources](#)

[Faculty and Staff Resources](#)

4. Click on the drop-down for Step 1 and click on Student Application

Registering with the ALC

New Student Registration Process

Only **students accepted to New College with a myncf login** can apply for accommodations in AIM, however students are encouraged to contact the Accessible Learning Center (ALC) during the application process. We understand the process for registering for accommodations might be different from what you have experienced before, and we're happy to guide you through it. You can reach us by emailing aalc@ncf.edu.

All students seeking disability related accommodations must register with the ALC to ensure they receive the appropriate support. To register with the ALC, please complete the following steps:

[Step 1: Complete New Student Application](#)

To begin the registration process, please select **start/renew a Student Application** for accommodations by using our secure service portal, Accessible Information Management (AIM). You may need your **myNCF** account login to access AIM. (Note: If you have already registered in our system, please email us at aalc@ncf.edu.)



5. Click on Start/Resume Application



WELCOME

HOME >> WELCOME

HOME

- > Online Services Home
- > Instructor Portal
- > Start/Resume Application

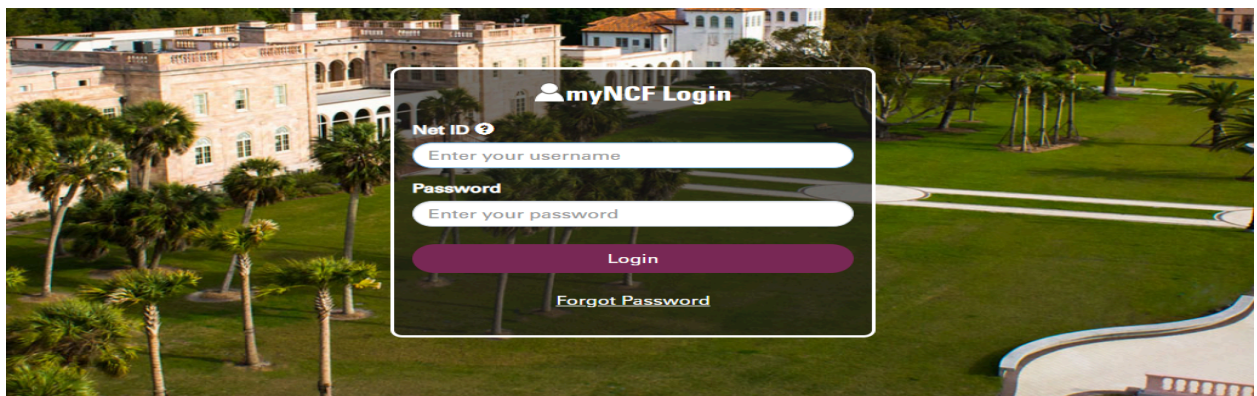
STUDENT AND STAFF

SIGN IN >

APPLICATION CENTER

START/RESUME APPLICATION >

6. Log in to your NCF Portal



7. Click on Start New Application

OPTIONS

- > Overview
- > Previous Applications
- > Sign Out

SIGN OUT >

OVERVIEW

INTRODUCTION

Welcome to AIM, the information management system for the Access
Please know that the information you provide will be kept private in ac
Introduction Message

NEW STUDENT REGISTRATION FORM

Type:
Student Application

About This Form >

START NEW APPLICATION >

8. Complete as many questions as possible & click Create Application Draft

STUDENT APPLICATION

Note: Required fields are marked with an asterisk (*).

INTRODUCTION Type: New Student Registration Form. Welcome to AIM, the information management system for the Accessible Learning Center (ALC). Please complete the form below in its entirety. This will help us serve you better! Please know that the information you provide will be kept private in accordance with the Family Education Rights & Privacy Act (FERPA). For more information on FERPA, please visit: https://studentprivacy.ed.gov/ferpa	APPLICATION INFORMATION Start Term*: 2025 - Summer ▼	PERSONAL INFORMATION First Name*: <input type="text"/> Preferred Name: <input type="text"/> Middle Name: <input type="text"/> Last Name*: <input type="text"/> School ID*: <input type="text"/> Hint: Enter 9 alpha numeric characters. <input type="text"/> Birth Date*: <input type="text"/> Hint: Enter date in the following format Month/Day/Year (i.e. 12/31/2025). <input type="text"/> mm/dd/yyyy <input type="calendar"/> Gender: Select One ▼	CONTACT INFORMATION Email Address*: <input type="text"/> Email Address (Secondary): @ <input type="text"/> Primary Phone Number*: United States of America (+1) ▼ <input type="text"/> Secondary Phone Number: United States of America (+1) ▼ <input type="text"/>
DISABILITY INFORMATION Primary Disability: Select One ▼ Primary Disability Sub Category: <input type="text"/> Other Disability Or Note: <input type="text"/>	PERMANENT ADDRESS Address*: <input type="text"/> City*: <input type="text"/> State/Province*: <input type="text"/> Zip Code/Postal Code*: <input type="text"/>	ADDITIONAL INFORMATION Seeking Degree: Select One ▼ Ethnicities: <input type="text"/>	SECONDARY DISABILITIES ^ Hint: Select up to 50 options. Autism Spectrum Disorder ^ <input type="checkbox"/> Autism Spectrum Disorder Emotional or Behavioral Impairment ^ <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar

FORM SUBMISSION

Important Note: Responses are only saved after selecting the "Create Application Draft" button.

CREATE APPLICATION DRAFT >

BACK TO OVERVIEW >


QUESTION?


Accessible Learning & Testing Center

9. Complete the Questionnaire & click Save and Upload Documentation at the bottom of the page

ID N12345678 Phone 9414874846 Email aalo@ncf.edu

[OVERVIEW](#) [QUESTIONNAIRE](#) [FILES](#) [INFORMATION RELEASE CONSENTS](#)

 **APPLICATION DRAFT: YOUR APPLICATION IS NOT YET SUBMITTED**

 **AUTO SAVE FEATURE**

Last Draft Saved: **Less Than 1 Minutes Ago (01:43 PM)**

Important Note
The system will automatically save your changes into a draft every 30 seconds

Note: Required fields are marked with an asterisk (*).

LIST OF QUESTIONS

Preferred Meeting Preference

In-person
 Virtual
 Phone

Additional Comment:

When do you plan on starting classes? *

Currently Enrolled In Classes
 Fall Semester
 Spring Semester
 Summer Semester

Additional Comment:

Do any of the following apply to you? (Check all that apply)

By entering your initials below, you acknowledge that the information submitted in this application was provided by you and is accurate to the best of your knowledge.

FORM SUBMISSION

SAVE AND UPLOAD DOCUMENTATION >

QUESTION?

Accessible Learning & Testing Center

New College of Florida
5800 Bay Shore Road
Sarasota, FL 34243
Office: HCL 5, HCL 6

10. Upload your supporting documentation (Ex. 504 plan, IEP, Doctor's Letter, Psych Evaluation, etc.)

UPLOAD FILE

Note: Required fields are marked with an asterisk (*).

FILE INFORMATION

File Title *:

Select File *:
 No file chosen

FORM SUBMISSION

11. Once you have uploaded your documentation, click on Continue – Information Release Consents

FILE INFORMATION

File Title *:

Select File *:
 No file chosen

FORM SUBMISSION

12. Choose Consent for Release of Information at the drop-down and click Select and Complete Consent Form

ADD INFORMATION RELEASE CONSENT

Note: Required fields are marked with an asterisk (*).

INTRODUCTION

By completing the release questionnaire, you are authorizing the release of information as described below. This consent is given voluntarily and can be revoked at any time in writing, except where the information has already been released based on prior consent.

CONSENT FORM

Consent Type *:

Select One

Select One

Consent for Release of Information

FORM SUBMISSION

Important Note: Information Release Consent is not required to submit this application. If you do not have this information at the moment, please select 'Proceed to Final Review'.

SELECT AND COMPLETE CONSENT FORM > **PROCEED TO FINAL REVIEW** >

13. Complete the Information Release Consent Form, choose Confirm to Proceed, and click Submit

CONSENT FORM

Consent Type:
Consent for Release of Information

Consent Description:
By signing this form, you are authorizing the release of information as described below. This consent is given voluntarily and can be revoked at any time in writing, except where the information has already been released based on prior consent.

Consent Expires On *:
Hint: Enter date in the following format Month/Day/Year (i.e. 12/31/2025).
06/25/2026

Contact Person Full Name *:
Dr. Mighty Banyan - Coastal Healthcare Group

Address *:
1234 Hollywood Blvd. Sarasota, Florida 34243

Phone *:
United States of America (+1) 9411234567

Fax:
United States of America (+1) 9411234576

Additional Notes:

LIST OF QUESTIONS

I authorize the release and/or exchange of confidential information FROM Accessible Learning Center TO the person or office named below. *

Yes
 No

I authorize the release and/or exchange of confidential information TO Accessible Learning Center FROM the person or office named below. *

Yes
 No

What is the email of the name/organization pertaining to the release of information. *

aalc@ncf.edu

Please select all that apply regarding the purpose for releasing and/or exchanging information. *

To determine current disability status, functional limitations, and reasonable academic accommodations.
 To register as a student with a disability at another educational institution.
 To coordinate student services with other on-campus departments.
 Other (Additional Comment Required)

Additional Comment:

What is the nature of the information to be released and/or exchanged? *

Letter verifying student's ALC registration and approved accommodations.
 Disability documentation.
 Other (Additional Comment Required)

Additional Comment:

I understand that my consent to release this information shall be valid for a period not to exceed the date provided in this consent form. I have the right to revoke this authorization at any time, which I must do in writing and include the expiration date. *

06/25/2025

INFORMATION RELEASE CONSENT AGREEMENT

Please Read The Following Statement:
By submitting this form, I acknowledge I have read, or have had read to me, and understand the information, terms, and conditions specified above.

FORM SUBMISSION

I Have Read And Understood The Above Statement Regarding The Information Release Consent *:

Confirm to Proceed

SUBMIT INFORMATION RELEASE CONSENT FORM > **BACK TO LIST** >

14. Proceed to Final Review

FORM SUBMISSION


Important Note: Information Release Consent is not required to submit this application. If you do not have this information at the moment, please select "P"

[SELECT AND COMPLETE CONSENT FORM >](#) [PROCEED TO FINAL REVIEW >](#)

LIST INFORMATION RELEASE CONSENTS

View	Consent Type	Contact Person Full Name
View	Consent for Release of Information	Dr. Mighty Banyan - Coastal Healthcare Group

15. Click Submit Application

 **APPLICATION DRAFT: YOUR APPLICATION IS NOT YET SUBMITTED**

<p>FILES</p> <p>1</p> <p>Number of Files Uploaded</p>	<p>FORM SUBMISSION</p> <p>SUBMIT APPLICATION ></p>
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QUESTION?

Accessible Learning & Testing Center

New College of Florida

16. Receive confirmation of the successful completion of the application

 **SUCCESS! YOUR ACTION HAS BEEN COMPLETED**

The system has successfully saved your action.