

Cover Sheet

For applicants to AHRC New York City's Melissa Riggio Higher Education Program at the City University of New York, in partnership with CUNY Unlimited.



Applicant Information

First Name

Middle Name

Last Name

Residential Street Address (Home address)

City

State

Zip Code

Mailing Street Address (If different from your home address)

City

State

Zip Code

Signature of Applicant

Date of Signature

Primary Contact Information

First Name

Last Name

Relationship to Applicant

Phone Number

Email Address

Secondary Contact Information

First Name

Last Name

Relationship to Applicant

Phone Number

Email Address

Check All Items Enclosed

- ☐ Individualized Education Program (IEP)
- ☐ Psychological Evaluations (*At least one type*)
- ☐ Psychosocial Evaluation
- ☐ Recommendations (*Submit two*)
- ☐ Medical History Self-Report
- ☐ HIPAA-2 Authorization for Release of Protected Health Information
- ☐ Other (*Describe below*)

Submitting Documents

Send your completed package either by email to mrhep@ahrcnyc.org or by mail to:

AHRC New York City
Referral and Information Center
Attn: Melissa Riggio Higher Education Program
83 Maiden Lane, 10th Floor
New York, NY 10038