

Birmingham-Southern College

Office of Accessibility

**Academic Accommodations Request Form**

**Part I: To initiate a request for accommodations, this form must be completed by the student.**

Name: BSC Email Address:

Home Address:

 Phone Number:

Student Status: 🞎 Incoming Freshman 🞎 Incoming Transfer 🞎 Current BSC Student

 Year 🞎 Fresh 🞎 Soph 🞎 Jr 🞎 Sr

**Accommodations and services are provided for qualified students with disabilities in the post-secondary setting under Section 504 of the Rehabilitation Act of 1973, the ADA (Americans with Disabilities Act of 1990) and the ADAAA (Americans with Disabilities Act Amendment Act of 2008)**

**Accommodation Request**

The accommodation(s) requested should be supported by the documentation supplied by a licensed or properly credentialed professional. Please reference the *Documentation Guidelines for Academic and Residential Accommodations* document for more information. The Office of Accessibility will provide further instructions for completing the request process such as scheduling an access planning meeting and submitting additional documentation, if needed.

 What is your disability or disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting the following college-level academic accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your disability affect you in the classroom?

How does your disability affect you outside the classroom?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received academic accommodations at another institution such as elementary, middle, high school or college? \_\_\_\_\_Yes \_\_\_\_\_No

*This document and the information contained herein is private and shall not be shared with any party except to the extent necessary to carry out appropriate and reasonable accommodations. By signing below, I authorize the Office of Accessibility to discuss my request with the appropriate BSC personnel in order to provide accommodations. By signing below, I indicate I have read and understand the “Student Responsibilities Agreement” on the back of this page.*

Student Signature: \_\_\_\_\_\_ Date:

**Student Responsibilities Agreement**

* Each term I will obtain from the Office of Accessibility Academic Accommodation Letters which make available relevant information to professors and lists accommodations for which I qualify. This document is to be provided by me to each of my instructors for the classes which I have elected to use accommodations.
* I will communicate with each of my instructor(s) in the classes I elect to use accommodations to make a plan to utilize one or more of the accommodations listed on the Academic Accommodations Letters.
* If at any time in the term, direct advocacy is needed, I will promptly contact the Office of Accessibility to obtain assistance.

**Part II: To Be Completed by Licensed or Properly Credentialed Professional**

Student Name: Date of Birth: / /

Student’s relevant medical diagnosis:

Date of Diagnosis: This condition is: 🞎 Temporary 🞎 Permanent

Describe symptoms the student currently experiences:

How is the requested accommodation related to and supported by the current diagnosis?

Please provide any additional information you believe to be helpful when evaluating this request:

In addition to completing this form, documentation is required. The information sheet, Documentation Guidelines for Academic and Residential Accommodations, was provided to the student and is available online at bsc.edu.

Please place Health Care Professional’s stamped contact information below:

 Professional’s Name:

 Professional’s Phone:

 Professional’s Signature:

Birmingham-Southern College is committed to providing accommodations to ensure access for our students. The Director of Accessibility and Coordinator of Accessibility will consider the following factors when reviewing the accommodation request andmay discuss the request with the appropriate BSC personnel, if necessary, in order to provide appropriate and reasonable accommodations.

* Accommodation decisions are determined on a case-by-case basis utilizing the information provided in the Academic Accommodation Request Form, Part 1 and Part 2, other related documentation, and an interactive process with the student making the request.
* Does the information submitted clearly demonstrate the student is eligible for an accommodation due to a disability, as defined under applicable law?
* What is the relationship between the disability and the accommodation requested?