

2018-2019 Confidential Student Disclosure and Accommodations Request Form

Section 504 of the Rehabilitation Act of 1973 (Revised 2008)

Belmont Abbey College is dedicated to providing a quality education for all students. This form assists the college in determining what accommodations are needed to meet the needs of a student with a disability.

If you have a diagnosed disability and wish to receive reasonable, appropriate academic accommodations, please take the following steps:

- **Request Accommodations** – You (the student) must complete this form in its entirety. Please read each item carefully and let the Director of Academic Assistance know if there are any questions.
- **Provide Medical Documentation** - Attach formal, recent assessment documentation (preferably within the last 3 years) from a qualified medical professional. Documentation from your medical provider should include:
 - **Your diagnosis**
 - **The limitations of your diagnosis**
 - **Recommended academic accommodations for collegiate assignments and study**
- **Meet with the Director of Academic Assistance to discuss the requested accommodations.**

Accommodations decisions will be based on –

- (1) The supporting evidence/documentation that you provide, and
- (2) If the accommodations requested are reasonable

Returning Students - If you have been previously approved for accommodations with Belmont Abbey College, please complete this form and check with the Director of Academic Assistance to ensure that your prior medical documentation on file is up-to-date and sufficient.

Please print clearly:

Name _____ Date of Request ____/____/_____
Street Address (home) _____
City, State, Zip Code _____
Students' mobile phone number _____ Home/other phone number _____

Please list each specific accommodation that you are requesting:

Declared Disability (please check all that apply, and specify where indicated):

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Disability (Please specify): _____ |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Psychiatric Disability (Please specify): _____ |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Acquired Brain Injury (Please specify): _____ |
| <input type="checkbox"/> Orthopedic Impairment (Please specify): _____ | |
| <input type="checkbox"/> Other Health-Related Impairment(s) (Please specify): _____ | |

Please read and check the following statements carefully:

As a student with a disability as defined by the Americans with Disabilities Act and Section 504, I understand that despite my disability:

It is my responsibility to meet with my instructor(s) each term to discuss my accommodations.

I must meet the minimum standards as set forth by my program of study and the classes that I take, with or without accommodations.

I am responsible for following the College's Policies and Regulations as outlined in the Student Handbook (<http://belmontabbeycollege.edu/student-life/student-handbook>). If you would like a printed copy of this document, please ask a staff member in the Office of Academic Assistance to provide one for you.

If you are requesting flexibility regarding attendance, please read and check the boxes below:

I am aware that:

Attendance is a critical component of academic success, and I recognize that my medical condition/disability does not supersede classroom requirements.

It will be my responsibility to notify my instructor(s) if I exceed the allotted absences for the class.

I am aware that I am responsible for all class notes and assignments, and that I am to make up any missed work in a timely manner.

I understand that a medical statement may be requested for absences as necessary or requested.

If you are unable to attend class for an extended period of time (more than a week of consecutive class sessions), this is a good time for you to focus first on your health before returning to your studies. Students whose conditions cause them to miss half or more of the course sessions should ask the Director of Academic Assistance about the policies connected to a medical withdrawal.

I give permission to the Office of Academic Assistance to receive and give information from/to academic, medical, or counseling personnel to assist me with appropriate accommodations.

I give permission to the Office of Academic Assistance to receive and give information from/to my parents/guardian.

I would like for the Director of Academic Assistance to confidentially share my diagnosis with my faculty along with any recent best practices instructional strategies available for my diagnosed condition (if applicable).

YES NO (please check one)

My signature below verifies that I am registering for disability services with the Office of Academic Assistance at Belmont Abbey College.

Student Signature

Date

Please submit this form and accompanying documentation to:

Mrs. Linda Tennant, Director of Academic Assistance

Belmont Abbey College

100 Belmont-Mt. Holly Road

Belmont, NC 28012

704-461-6240 (fax)

704-461-6776 (phone)

LindaTennant@bac.edu