

SELF-DISCLOSURE & ACCOMMODATION REQUEST FORMS

Any student wishing to voluntarily self-disclose as having a disability and request accommodations should complete the form below. All information provided, including documentation submitted to substantiate your disability, will be kept confidential. Please note that reasonable accommodations may not be implemented retroactively, so being timely in requesting accommodations is very important.

PERSONAL INFORMATION

Date:	Student #:				
Name:					
Address:					
City/State/Zip:					
Date of Birth:	Ethnicity/	Primary Langua	age:		
Baptist Email Address:					
Phone:	Can a mess	sage be left at t	his number?	Yes	No
Student Status: Current BHS	SU Student	Transfer/Inc	oming Student		
Area of Study/Program:					
Class Standing: Freshman	Sophomore	Junior	Senior	Gradu	ate (DNP)
OMS-1	OMS-2O	MS-3 C	MS-4		
Term requested accommodation	to begin: Fall	Spring	Summer		
Emergency Contact:					
	Name		Relatio	onship	
Emergency Contact Phone:					
I give the ADA Coordinator permisemergency situation exists.	ssion to contact my	emergency con	tact should the	ey determ	ine that an
Signature		- I	 Date		



DISABILITY INFORMATION

Nature of Impairment: (Check all that App	oly)
ADHD	Learning Disability
Autism Spectrum Disorder	Medical/Physical Impairment
Head Injury/TBI	Psychological Impairment
Deaf/Hard-of-Hearing	Visual Impairment
Other (Please Specify)	
What is the name of your specific disabili	ty as diagnosed by your health care provider?
What accommodations are being request	ed for the classroom setting? (Please be specific
What accommodations are being request	red <u>for tests and/or quizzes</u> ? (Please be specific)
What accommodations are being request	red <u>for labs or clinics</u> ? (Please be specific)
What accommodations are being request	ed for campus housing? (Please be specific)

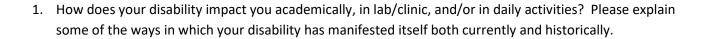


EDUCATIONAL INFORMATION

Did you receive accommodations at a previous school(s) for this disability?		NO
Which school(s)?		
What accommodations were provided?		
Did you receive accommodations on any standardized test (ACT, SAT, etc.)?	Yes	No
If yes, which test?		
What accommodations were provided?		

QUESTIONS ABOUT DISABILITY/ACCOMMODATIONS

Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you. Information provided is **CONFIDENTIAL** to the extent allowed by law.



2. How do the requested accommodations help you to compensate for your disability?



St	tudent Signature	Date
Не	understand that the information provided on this form will lealth Sciences University to assist in determining the most empensatory strategies for my use.	•
5.	If accommodations have not been used in the past, pleas requested at this time.	e address why accommodations are being
4.	Have you ever been denied accommodations? If so, plea	se describe the circumstance.
3.	For the accommodations you are presently requesting, however and under what circumstances?	ave you ever received these before? If so,



AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

At times it may be necessary to consult with a student's health care provider, in most instances this would be the provider that provided the documentation, to assist with accommodation requests. I authorize the provider listed below to release information and/or medical records related to my request for ADA accommodations. I understand that the ADA Coordinator will review this documentation and may contact me for additional information. Furthermore, I grant the ADA Coordinator permission to contact the provider completing this form for additional information as needed.

Name of Provider:		
Specialty:		
Clinic/Facility Name:		
Address:		
City/State/Zip:		
Daytime Phone Number:		
I have read and understand the above in	nformation.	
Student Name (Please Print)	-	
Student Signature or Legal Representative	Date	
Printed Name of Legal Representative	- ————————————————————————————————————	Student