

# 2020-2021 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 ensure access to Belmont Abbey College's programs and services for students with disabilities.

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

1. **Request Accommodations** – The student must complete this form in its entirety. Please read each item carefully and let the Accessibility Services Coordinator know if there are any questions.
2. **Provide Medical/Professional Documentation** - Attach formal, recent assessment documentation (preferably within the last 3-5 years) from a qualified medical/licensed professional. This documentation should include:
  - **Diagnosis**
  - **The limitations of your diagnosis**
  - **Recommended academic accommodations for collegiate assignments and study**
3. **Email or call the Accessibility Services Coordinator to schedule a personal meeting.** Once you've completed this form and obtained supportive official documentation, you and the Accessibility Coordinator should meet personally to review your paperwork together and discuss how the college may assist you with reasonable and appropriate measures to ensure access to its courses and programs.
4. **Please allow appropriate, reasonable time for processing. This timeframe may vary depending on the nature of the accommodations.**

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

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**The information below is to be completed by the student.**

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

**Please Disclose Your Official Diagnosed Disability/Disabilities** as described and supported by your medical/professional documentation:

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**In consultation with your medical/licensed provider, list each specific accommodation that you are requesting in order to access college programs and services:**

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**Please read and check the following statements very 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.**

\_\_\_ **Attendance is a critical component of academic success**, and I understand that my disability does not supersede class attendance requirements.

\_\_\_ **I am responsible for abiding by all college policies and regulations as detailed in the Student Handbook, and I understand that the existence of a disability does not excuse me from adhering to the college's Code of Student Conduct, which states:**

- In keeping with the Catholic Benedictine tradition and history of Belmont Abbey College, I pledge my efforts and responsibility to foster an environment conducive to the pursuit of excellence and virtue.
- I pledge to be respectful towards and actively engage my classmates, my academic pursuits, handbook policies, college property, faculty, staff, the monastic community and the mission of this college.
- I do this as my contribution to fulfilling the goals set out in the college's mission statement: that in all things God may be glorified and that I may be a blessing to myself and others.

The Student Handbook may be accessed by following this link - <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.

\_\_\_ I give permission to the Office of Academic Assistance to receive and confidentially 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 *related to my disability issues only* from/to my parents/guardian. **The Office of Academic Assistance cannot share grade or academic-related information with anyone, including parents/guardians, without the student having signed an official FERPA form available through the Registrar's Office.**

**My signature below verifies that I have read this form in its entirety and 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. Kimberly Stallings, Accessibility Services Coordinator**

**Belmont Abbey College**

**100 Belmont-Mt. Holly Road**

**Belmont, NC 28012**

**704-461-6228 (phone)**

**704-461-6240 (fax)**

**[KimberlyStallings@bac.edu](mailto:KimberlyStallings@bac.edu)**