



120 French Road, Rochester, NY 14618

Disability Accommodation Request Form

The purpose of this form is to assist St. Bernard's in determining whether, or to what extent, a reasonable accommodation is required for a student to pursue studies at the School. All information obtained during this process will be maintained and used in accordance with ADA (Americans with Disabilities Act of 1990, with later amendments) confidentiality requirements.

1. Personal Information (to be completed by student requesting accommodation):

Name: _____

Program: _____

Phone: _____

Email: _____

2. Indicate the nature of the disability:

3. Explain how the disability affects/limits your ability to perform one or more of the essential functions as a student:

4. List reasonable accommodations needed to fulfill functions as a student:

5. Attach documentation from a medical/health professional or vocational rehabilitation specialist that includes a diagnosis and recommendations for reasonable accommodation.

I have attached documentation.

6. Release of Information:

I acknowledge that an exchange of information between medical personnel noted in my documentation, School officials and faculty members may be necessary in order to determine suitable accommodations. I give my permission for such communication when necessary.

Signature

Date



Accommodation request is Approved Denied Modified

If modified, describe modification and rationale. If denied, provide reasons.

Name and Title of the School Official making decision:

Name (Print)

Title

Signature

Date