

REQUEST FOR ACCOMMODATIONS

I, _____, am requesting the following accommodations from Blue Ridge Student Accessibility Services (SAS). I understand that accommodations are based on the functional limitations created by my disability as they impact the standards of the courses within the curriculum for which I am enrolled. I will provide, to SAS, the appropriate documentation that states my need and eligibility for the accommodations I am requesting.

ACCOMMODATIONS REQUESTED:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I further understand that, upon receiving the Authorized Accommodation Letter from SAS, it is my responsibility to ensure each instructor receives a copy and to make them aware of the accommodations for which I am eligible.

CURRENT IMPACT STATEMENT

Please indicate how your disability/condition impacts your functioning:

PERMISSIONS

I give SAS staff permission to share information with Blue Ridge officials who have a legitimate educational interest. I also give permission to SAS staff to discuss the implementation of the accommodations with appropriate faculty/staff, if deemed necessary.

(Student Signature)

(Date)

(Student ID)

Confidential

The information is provided by the Student Accessibility Services Office for the purpose of educational planning. We appreciate the respect for the student's confidentiality and the understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Student Accessibility Services Office has received all necessary documentation that substantiates the student's need for academic accommodations.