Bismarck State College
Request for Disability Related Accommodations
(Residence Life)

STUDENTS PLEASE COMPLETE

To request accommodations in residence life based upon a physical or psychological disability, please complete the enclosed specific information regarding your request and the condition(s) for which you are being treated. Students should complete the section below and your medical provider must complete the remaining pages. These verification forms must be completed in their entirety before a request will be given consideration. All requests for accommodations must be submitted with supporting documentation at least 60 days in advance of when they are needed. Requests submitted less than 60 days in advance may not be fully processed by the date they are needed. Mail completed packet to Student Accessibility Coordinator, Bismarck State College, P.O. Box 5587, Bismarck, ND 58506.

Student Completes This Section (please print or type):

Student’s Name (last) ___________________________ (first) __________________________ Date of Birth __________________________

Gender_____Male______Female

Home Address______________________________________________________________

Home Phone # __________________ Cellular Phone # __________________ E-mail __________________

Accommodation requested for (please circle) fall spring summer year__________

Requested Accommodation(s) (e.g., wheelchair accessible room, modified dietary menu, etc.)

1. _______________________________________________________________________

2. _______________________________________________________________________

Please indicate how you will manage if the request cannot be met __________________________

_____________________________________________________________________________

_____________________________________________________________________________

MEDICAL PROVIDERS PLEASE COMPLETE

PROVIDER INFORMATION

Provider Name__________________________________________________________ Date________________

License Number_________________________ State____________________

Office Address__________________________________________________________

Phone # __________________ Fax # __________________

To determine eligibility for housing accommodations, Bismarck State College requires current and comprehensive information of the student’s condition from the diagnosing physician or qualified licensed health care provider (the provider completing this form should not be a relative of the student).

Documentation must demonstrate that the disability currently and substantially limits a major life activity. The diagnostician must use direct language; avoiding such terms as “appears,” “suggests,” or “is indicative of,” as these statements do not support a conclusive diagnosis. The cultural and linguistic background of the individual should be considered in the selection of assessment instruments. In addition to the requested information, please attach all supportive information, reports, and test results relevant to the documented diagnosis and limitations. (Please continue filling out the back of this form).
1. For what condition are you treating the above-referenced student?
_______________________________________________________________________________________________
____________________________________________________________________________________________________

   a. How long has the student had this condition? ______________________________________________________

   b. What is the severity of the condition? Please check one: 
      _____ Mild _____ Moderate _____ Severe

   Please explain severity: __________________________________________________________________________

   c. What is the expected duration of this condition? ____________________________________________________

2. Please state the following:
   a. Date of first contact with student ____________________________________________
   b. Date of last contact with student _____________________________________________
   c. Frequency of appointments with student __________________________________________

3. List the student’s current medication(s), dosage, frequency, and adverse side effects, as they may relate to housing:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

4. Describe the functional limitations of the student’s condition: ______________________________
_______________________________________________________________________________________________

5. Is requested accommodation(s): _____ Medically Necessary _____ Medically Beneficial (Please check one)

   Please explain response: _________________________________________________________________________
_______________________________________________________________________________________________

6. Please state specific recommendations regarding residence life accommodations for this student. Include supporting rationale as to why these accommodations are warranted and necessary based upon the student’s functional limitations (e.g., if you suggest a private residence hall room, state the reasons for this request related to the student’s functional limitations and disability).
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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_______________________________________________________________________________________________

RETURN TO: Student Accessibility Coordinator
Bismarck State College
P.O. Box 5587
Bismarck, ND 58506
Phone: 701-224-5554  Fax: 701-224-2615
About Accommodations in Residence Life

Bismarck State College is committed to making reasonable accommodations in its residence life program to accommodate the needs of persons with a condition (i.e., a disability or a medical/mental health condition) that substantially limits a major life activity. To evaluate requests for accommodation, BSC has established a formal process consistent with the provisions of the Americans with Disabilities Act (ADA). As part of this process, the student is responsible to furnish appropriate documentation from a qualified provider (medical or mental health) to verify the student’s condition as well as the need for the accommodation that is being requested.

The student is advised that providing information from a medical or mental health provider does not guarantee the college will make the accommodation the student has requested. Under ADA, the college has the right to evaluate all requests for accommodations and make its own determination about whether the requested accommodation is “reasonable” and if the information furnished by the student’s medical or mental health providers adequately demonstrates the need for the accommodation requested. In making these determinations, the college relies on the expertise of its own personnel and consultants, and draws from best practices from other colleges and universities. After evaluation requests for accommodations the college may elect to:

1. Make the accommodation as requested.
2. Offer alternative accommodations it considers to be reasonable based on the information available.
3. Deny any request it determines to be inadequately verified or otherwise not “reasonable.”

Please allow a minimum of 60 days from the time the request for an accommodation is submitted until the time the requested accommodation is needed. A request for accommodation will not be considered complete until all required supporting documentation is received from the student’s medical providers.

Appeal of Disability-Related Accommodation Residence Life Decisions

If a disability-related accommodation residence life request is denied, the student may appeal that decision. The student must submit a written statement of appeal to the Associate Vice President for Student Affairs and may include any new documentation that was not originally reviewed or available, which supports the original request.

Students may request an appeal of a disability-related accommodation residence life decision for several reasons including a perceived violation of BSC college policy or a dispute over the factual evidence provided to the Coordinator of Student Accessibility Services. However, disagreement with established BSC college policy is not grounds for a residence-life appeal. A student’s status does not change while an appeal is under consideration. The Associate Vice President for Student Affairs will consider the evidence and rule on the appeal.

AUTHORIZATION TO RELEASE AND/OR RECEIVE INFORMATION REGARDING ACCOMMODATIONS (Residence Life)

I authorize the Coordinator of Student Accessibility Services and/or the Director of Student & Residence Life at Bismarck State College to release and/or receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Coordinator or Student Accessibility Services or the Director of Student & Residence Life at Bismarck State College.

Name of Provider_________________________________________ ________________________ _______________________________

Address of Provider (Clinic, Street, City, State, and Zip Code) __________________________________________________________

________________________________________________________________________________________

Student’s Name (please print or type) _________________________ ________________________ ________________________

Date of Birth ___________________ EMPL ID# ________________________________

Student’s Signature______________________________________________________________ Date _________________________