ACCOMMODATIONS REQUEST FORM
BUTLER COUNTY COMMUNITY COLLEGE
OFFICE of ACCESS & DISABILITY RESOURCES

BASIC INFORMATION

BC3 Student ID#:_____

Name: _____ _____ _____
(Last) (First) (MI)

Applicant Phone: _____ Email: _____

Where will you attend classes? [ ] Butler [ ] Cranberry [ ] Lawrence Crossing
[ ] Linden Pointe [ ] Armstrong [ ] Brockway
[ ] Online

IDENTIFIED DISABILITY: Please indicate the nature of your disability.

_____

ACCOMODATIONS REQUESTING:

_____

_____

_____

CONFIDENTIALITY OF ADR OFFICE FILES AND RECORDS & ACKNOWLEDGEMENTS

By signing below, I grant permission for the Office of Access and Disability Resources staff to access college academic and financial records, to maintain files, and to communicate with faculty and other college personnel as related to: my enrollment in classes at the college, coordination of reasonable accommodations, and/or maintaining ADR Office statistics and reports. All such communications are conducted on a need-to-know basis and/or in accordance with existing privacy and confidentiality laws. I understand that it is my responsibility to request accommodations, to follow the guidelines and procedures for accessing and using those accommodations, and to provide the ADR office with appropriate documentation of my disability in order to qualify for accommodations.

_____ _____/_____/_____
(Student/Prospective Student Signature) (Date)

RETURN FORM TO:
Accommodations@bc3.edu
or
Butler County Community College:
107 College Drive, Butler, PA 16002
fax: 724-285-6047

Forms/Originals revised 12/2019