

[ADA Accommodations Request Form](#)

Instructions for this form:

1. Make a copy of this form. Save it with your last name.
2. Complete the form online in Google Docs.
3. Download the completed form as a PDF.
4. Email the form to sandra.brewster@bridges.edu

Student Details	
Legal Name Last, First, Middle	
Bridges Email	
Date	

Type of Disability
Please describe your request as you are best able. It is not necessary to use Medical or professional terms or jargon.

Documentation or Verification

Please provide the name / names and contact information of individuals who may be able to provide additional information about your specific disability. You may also attach copies of documents as appropriate.

Requested accommodations, adjustments or aids

Please describe how these accommodations will help you to be successful. Try to be as specific as possible.

Next Steps: The Disability Services Office will review your request and recommend specific requests for accommodations, adjustments, or aids. You will be notified of these recommendations within five (5) business days following the synchronous meeting with the ADA Compliance Coordinator. Students need not specify or disclose their disability to their instructor, only the need for accommodations and the approved recommendations. If you have any questions or concerns, please contact the ADA Compliance Coordinator for clarification.

Confidentiality

Records and/or information provided by or on behalf of students throughout the accommodation request process that reflect diagnoses, evaluation or treatment of a student's medical or mental health condition are confidential student records and shall be maintained by the BGS ADA Compliance Coordinator. Such records or information shall only be disclosed in accordance with BGS policy, federal and state law, and, generally, only to those whom BGS officials have determined have an "educational need to know" such information and/or the content of such records.