

STUDENT REQUEST FOR ACCOMMODATION FORM

Brighton College is committed to compliance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, as amended, and state and local requirements regarding students with disabilities. In support of this commitment, Brighton College will provide reasonable accommodations to qualified students with disabilities. A qualified student is defined as one whom, with or without reasonable accommodations, is able to perform the essential functions of program or course requirements.

Students seeking reasonable accommodations must submit a completed Student Request for Accommodation Form (Request) along with **appropriate documentation** of the disability to the ADA Administrator of Brighton College. Appropriate documentation of the disability should be current (within the last five years) and must be prepared by a qualified healthcare provider. **The documentation should describe the diagnosis, limitations and recommended accommodations.**

Upon receipt of a student's Request and appropriate documentation, the ADA Administrator will review the submitted materials and, in consultation with the student, faculty and relevant staff, develop a Plan for Accommodation (Plan). Each Plan is developed on a case-by-case basis, dependent upon the nature of the disability and the student's needs.

Final responsibility for selection of the most appropriate Plan rests with the ADA Administrator. The Plan will not be applied retroactively and a period of time may be required for Brighton to acquire resources to implement the Plan. Therefore, students should begin the accommodation request process in advance of starting a course for which accommodations will be necessary. Students may email the ADA Administrator at accommodations@brightoncollege.edu for guidance.

Student Name:	Date of Request:
Program:	Email:
Telephone:	
Describe the diagnosis or nature of your disability:	



List the accommodation(s) you are requesting:	
T*.	
List any equipment needs you have:	
Is the accommodation(s) you are requesting for a speci	ific course(s) or your entire program?
☐ Specific Course(s)	☐ Entire Program
If for a specific course(s), please list the course(s):	
if for a specific course(s), prease list the course(s).	
BY SIGNING THIS DOCUMENT I GIVE MY PERMISSI	
INFORMATION RELATED TO MY DISABILITY AND/OR	
WHO HAVE A LEGITIMATE EDUCATIONAL INTEREST IN	KNOWING THIS INFORMATION.
Student Signature	Date
ADA Administrator Signature	Date
PLEASE SUBMIT THIS FORM WITH DOCUMENT	TATION TO: accommodations@brightoncollege.edu
or to:	
ADA Administrator, Brighton College, 8777 E. Via de	Ventura, Suite 300, Scottsdale, AZ 85258

8777 E. Via de Ventura | Suite 300 | Scottsdale, AZ 85258 1-800-354-1254