

**BEVILL STATE COMMUNITY COLLEGE**  
**504/ADA Fact Sheet and Accommodations Request Form**

Bevill State Community College, whose mission is to provide the citizens of the west-central Alabama area with educational opportunities that enrich their lives intellectually, culturally, and economically, fully supports and seeks to comply fully with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The College strives to create a welcoming environment for all and will work in good faith to meet the needs of persons with special needs. The College endeavors to provide opportunities for success, with as few deterrents as possible to students, employees, and citizens of the communities located in the College's service area.

The following procedures are in place to assist anyone with needs for accommodation:  
 Students and citizens are encouraged to contact their respective campus 504/ADA coordinator, if assistance is desired, to discuss classroom or any other accommodation needs. Completing and submitting the form below to the campus 504/ADA coordinator begins the accommodations request process, and allows the coordinator to make requests on the student's or citizen's behalf. Disclosure of disability is voluntary. Campus 504/ADA coordinators are:

Fayette Campus and Pickens County Educational Center, Jalaine Sims, extension 5137  
 Hamilton Campus, Sara Franks, extension 5318  
 Jasper Campus, Jana Kennedy, extension 5722  
 Sumiton Campus, Gina Graham, extension 5281

Documentation of disability may be required. If so, such documentation will be maintained in a confidential file separate from the employee's personnel record.

<b>EMPLOYEE ACCOMMODATION REQUEST FORM</b>
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NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ALABAMA REHABILITATION COUNSELOR \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

NATURE OF DISABILITY (Disclosure of disability is voluntary.) \_\_\_\_\_

ACCOMMODATION (S) REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_