



# Birthingway College of Midwifery

4997 SW Normandy Place, Beaverton, OR 97005

503-760-3131 | birthingway.edu

## Disability Services Request for Accommodations

Student's Legal Name:

First	MI	Last

The following items are required before a written request for accommodation will be considered complete. Please check off each item attached to this request:

- A letter from the student (see the Student Access Handbook, page 5 for required information).
- A recent/current letter from an appropriate medical professional (see the Student Access Handbook, pages 5-6 for required information).

Birthingway will comply with all federal and state regulations regarding our responsibilities under the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act.

Any student with a disability that requires accommodation(s) in an individual course must submit written notice of a request for accommodation at least 45 days before the start of the course.

Any student with a disability that requires accommodation(s) in more than one course or in order to complete their program of study as a whole must immediately submit written notice of a request for accommodation.

Students who are diagnosed with a disability that requires accommodation after a course has begun must immediately submit a written request for accommodation.

Birthingway's Disability Services Coordinator will provide a written response to all requests for accommodation within 45 days of the request. The response will be followed by a meeting with the student, the student's representative (if desired), the Disability Services Coordinator and the student's Program Coordinator or Academic Coordinator to mutually agree upon reasonable accommodations.

In some cases, Birthingway may require additional information from the student's medical provider. We may request that the student provide a written release for the provider to speak directly with the College.

All information regarding this Disability Services Request for Accommodations is held in confidence according to the Family Educational Rights and Privacy Act (FERPA).

*By signing this form I acknowledge that I have read the Student Access Handbook and have submitted the information required to move forward on my Disability Services Request for Accommodations.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please return this form directly to Birthingway's Disability Services Coordinator.**

**Office Use Only:** Received on \_\_\_\_\_.