Butler Community College Request for Reasonable Accommodation

Residence Life (updated March 2023)

You are required to submit this form to Butler Community College Residence Life Office to document your reasonable accommodation request. Documentation should be received soon after the submission date of your housing application to ensure you can be accommodated. Please contact the Director of Disability Services for Emotional Support Animal requests.

Student Information (this section to be completed by the student)

Name:	Student ID: @	
City:	State:	Zip Code:
Phone Number:	ə)	Email:
Butler Community College He	ousing Assignment (if kn	own)
Specific Accommodation Rec	quested:	
Relationship between limitati	on/disability and request	ed accommodation: (on a separate sheet)
Signature:		Date:
Heath Care Provider (<i>t</i>	o be completed by	treating health care professional)
Name of Treating Health Car	e Professional:	
Specialty:		Phone Number:
Address:		
City:	State:	Zip Code:
Date of initial contact with stu	ıdent:	Most recent contact:
Was the contact in-person: _	Last date o	f in-person contact:
individual making the request qualifying medical condition of disability and recommended a explanation of how the reaso your professional office letter completed form and requeste Butler Community College O	t within the past year; 2) or disability that limits a m accommodation(s) and du nable accommodation w head, including credentia ed letter to:	n that you have been actively treating the verification that the individual has a najor life activity; and 3) the nature of the uration of accommodation; and an ill assist the student. This information on al and licensure number. Return this
Disability Services 901 S. Haverhill Rd.		

Fax: 316.323.6498 Information provided will remain confidential and will only be shared with Butler Community College employees involved in assisting with the request for a reasonable accommodation. It will have no bearing on your eligibility for housing.

El Dorado, KS 67042