



Office of Equity and Accessibility

APPLICATION FOR ADA SERVICES

PLEASE NOTE: It is recommended for students to submit an Application for ADA Services within the first ten days of classes in order to arrange accommodations. If a diagnosis is given in the middle of a semester, it is recommended for the student meet with ADA staff within ten days of receiving the documentation in order to make best use of the appropriate accommodations.

Name: _____ Student ID: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Bryan College Email: _____

1. What are your disabilities and functional limitations?

2. What accommodations have you previously received?

3. What diagnosis has been given and by whom?

4. Have you received any tutoring, counseling, or special therapy of any kind? Yes or No

If Yes, please describe:

5. Please list applicable medications that may affect your accommodation needs in online and/or in-person learning environments:

Signature: _____ Date: _____

**Completion of this application does not ensure accommodations. The approval to receive accommodations is based on review of documentation specific for each disability and its impact and functional limitations.

**You must provide documentation from a professional able to make your diagnosis along with this application. Please see the ADA Policy and Procedure Manual for what types of documentation are required and accepted. (<https://www.bryan.edu/campus/campus-services/disability-services/>)

Please send this application and documentation to:

ADA Coordinator Bryan College

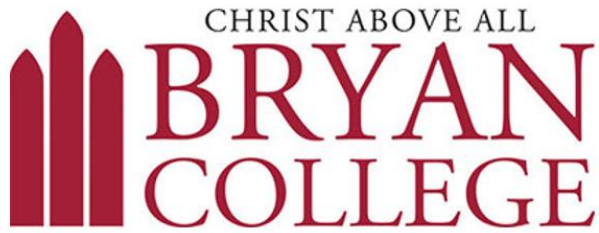
Box #7785

721 Bryan Drive

Dayton, TN 37321

ADA@bryan.edu

Fax: 423.775.7174



Office of Equity and Accessibility

ADA Informed Consent Form

As a student who is receiving ADA accommodations at Bryan College, you have provided personal and private health information with the ADA Services Office. Note that this information is considered private through the Family Educational Rights and Privacy Act (FERPA). The privacy mandates in the Health Insurance Portability and Accountability Act of 1996 do not apply since Bryan College is not a medical clinic or hospital.

ADA Services staff members understand that holding your information privately and confidentially establishes trust between us and you, and it is mandated under the FERPA guidelines for privacy. Please note that any information shared with the ADA Coordinator will never be disclosed unless one of the following occurs:

1. You sign the releases of information (one for family and one for Bryan College staff, faculty and administration) that allows the Coordinator when absolutely necessary to share information about your status as an ADA student and about considerations regarding your situation that may impact your academic success. The information shared will always be on a “need to know basis” and will be delivered discreetly. You will always know when this would occur. There are no penalties if you decline to sign these forms, however some consent is required in order to send out accommodation letters.
2. There are times when the ADA Coordinator would need to break confidentiality if it was discovered that any of the following were happening with your situation: elder abuse or neglect, child abuse or neglect, dependent adult abuse or neglect, sexual assault, and suicidal and/or homicidal intent. If these issues needed to be disclosed, the ADA Coordinator would notify the proper authorities within and outside of Bryan College.

Please note that the private health information that is shared with the Coordinator is kept in a locked file inside of a locked office.

If you would ever like to have copies of documents within your file, you should write the ADA Coordinator to request what is needed. The request must be signed.

Student Signature

Date



Office of Equity and Accessibility

ADA Authorization for Release of Information to Professors and Applicable Staff

I understand that the ADA Coordinator may communicate in writing and/or verbally with faculty and staff members during

- my education at Bryan College or
- during the 20 ____ - 20 ____ school year.

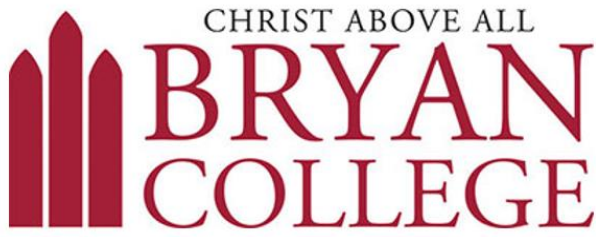
I give permission to share the following information regarding my ADA file: (Check all that apply.)

- My status of being a student who is receiving ADA Services (please note that, in order to authorize the sending of ADA Accommodation Letters, you must check at least this box)
- My health condition as it relates to in-person and online learning environments
- My entire situation as needed

By signing below, I am giving permission and stating that I understand this release of information.

Student Signature

Date



Office of Equity and Accessibility

ADA Authorization for Release of Information to Parents/Guardians/Spouses/Support Persons

Please note: In addition to this form, if you would like the ADA Coordinator to be able to discuss your situation with the persons listed below, you must also complete a Non-Financial FERPA Waiver. You can fill it out and sign it in the Registrar's office or find it here: <https://www.bryan.edu/academics/registrar/ferpa/>

I hereby request and authorize the ADA Coordinator to communicate in writing and/or verbally with the individuals listed below regarding my ADA status and education during

- my education at Bryan College or
- during the 20 ____ - 20 ____ school year.

I give permission to share the following information regarding my ADA file: (Check all that apply.)

- My status of being a student who is receiving ADA Services
- My health condition as it relates to in-person and online learning environments
- My entire situation as needed

Names, phone numbers, and relationship of those with whom information may be shared:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

By signing below, I am giving permission and stating that I understand this release of information.

Student Signature

Date