Good Samaritan College of Nursing & Health Science

Continuing Accommodations Request Form

To continue receiving accommodations for the current semester, please complete this request form and the attached Student Responsibility Agreement and submit both documents to the 504 Administrator at least 7 business days prior to the start of the semester. Provider documentation submitted as part of the initial request for accommodations remains on file and only needs re-submitted if additional accommodations not on the initial form are being requested.

Name: _____Email Address: _____

Home Address:_____ Phone Number: _____

Current Requested Semester/Year (Example: Fall 2026): [ ]

Accommodations and services are provided for qualified students with disabilities in the postsecondary setting under Section 504 of the Rehabilitation Act of 1973, the ADA (Americans with Disabilities Act of 1990) and the ADAAA (Americans with Disabilities Act Amendment Act of 2008)
The accommodation(s) requested should be supported by the documentation supplied by a licensed or properly credentialed professional, which should have been sent to the 504 Administrator when the accommodation was initially made. Please reference *Policy CON100 504 Accommodations Policy* document for more information.

1. I am requesting the following accommodations due to one or more disabilities:

Accommodation Requested	**Description**	**Requested for Term and Year**

This document and the information contained herein is private and shall not be shared with any party except to the extent necessary to carry out appropriate and reasonable accommodations. By signing below, I authorize the College to discuss my request with appropriate personnel in order to evaluate and provide accommodations.

Student Signature: _____ Date: _____

Student Responsibilities Agreement: 504 Accommodations

I understand that in requesting 504 accommodations, I take on the following responsibilities:

- I must self-identify a disability that is covered by law and that qualifies for an accommodation.
- I must have registered with the College's 504 Coordinator and provided documentation that verifies my eligibility for accommodations. This documentation may include private medical information such as diagnostic test results.
- I must request accommodations as far in advance as possible and provide adequate notice to allow review of the request and for implementation of any accommodations.
- Understand that the college 504 Accommodations Policy states specific time frames for review and implementation of accommodations. I also understand that the College may present me with viable alternative, with rationale, to my preferred accommodation.
- I must consider the requirements of each of my classes and determine any accommodations that may be needed.
- I must be willing to seek out support services such as tutoring, stress management support, etc.
- I must meet the stated academic and conduct standards of the college and program.
- I must complete the appropriate forms and notifications in the event the student decides to waive the approved accommodations in whole or in part.

By signing below, I indicated that I have read and understood my responsibilities for requesting academic accommodations.

Please return this form to the 504 Coordinator. This document will be kept in your file along with your documentation.

Student Name: _____

Student Signature:_____

Date:_____