Butler Community College
Request for Reasonable Accommodation
Residence Life

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.

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

Name: ________________________  Student ID: @_____________

(First, M.I., Last)

Address: _________________________________________________________

City: __________________________ State: ___________ Zip Code: __________

Phone Number: __________________________  Email: __________________________

Butler Community College Housing Assignment (if known): __________________________________________

Specific accommodation requested: __________________________________________

Relationship between limitation/disability and requested accommodation: **(on a separate sheet)**

Signature: __________________________  Date: __________________________

Return this completed form, relationship statement, and letter from your health care practitioner to:

Butler Community College
Residence Life
901 S. Haverhill Rd.
El Dorado, KS 67042
Fax: 316.323.6885

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.

**Health Care Provider (to be completed by treating health care professional)**

Name of Treating Health Care Provider: __________________________________________

Specialty: __________________________  Phone Number: __________________________

Address: __________________________________________   (include area code)

City: __________________________ State: ___________ Zip Code: __________

Date of initial contact with student: __________________________  Most recent contact: __________________________

Practitioner should provide the following: 1) verification that you have been actively treating the individual making the request within the past year; 2) verification that the individual has a qualifying medical condition or disability that limits a major life activity; and 3) the recommended accommodation(s) and duration of accommodation; and an explanation of how the reasonable accommodation will assist the student. This should be provided on your professional office letterhead and included with this sheet.