Bevill State Community College,
whose mission is to provide the citizens of the west-central Alabama area with education opportunities that enrich their lives intellectually, culturally, and economically, fully supports and seeks to comply fully with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. We strive to create a welcoming environment and will work in good faith to meet the needs of persons with special needs. We endeavor to provide opportunities for success, with as few deterrents as possible to students, employees, and citizens of the communities we serve.

The following procedures are in place to assist anyone with needs for accommodations: Students and citizens are encouraged to contact the respective campus 504/ADA coordinator, if assistance is desired, to discuss classroom or any other accommodation needs. Completing and submitting the form below to the campus 504/ADA coordinator begins the accommodations request process, and allows the coordinator to make requests on the student's or citizen's behalf.

Disclosure of disability is voluntary. Campus 504/ADA Coordinators are:
Fayette Campus ...............................................................Sherry Terry, ext. 5103
Hamilton Campus ........................................................................Beth Roberts, ext. 5350
Jasper Campus .................................................................Tiqua Gator, ext. 5770
Sumiton Campus ........................................................................Jana Kennedy, ext. 5201

Documentation of disability may be required. If so, such documentation will be maintained in a confidential file separate from the academic student record.

STUDENT AND CITIZEN ACCOMMODATION REQUEST FORM

NAME _________________________________ SSN __________________________
ADDRESS __________________________________ PHONE __________________

BSCC STUDENT: Program/Major __________________ ADVISOR _______________

CITIZEN: Event/service and date for which accommodation is needed ______________

AL REHABILITATION COUNSELOR __________ PHONE __________________

EMERGENCY CONTACT PERSON __________ PHONE __________________

NATURE OF DISABILITY (Disclosure of disability is voluntary.) ___________________

ACCOMMODATION(S) REQUESTED

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURE ___________________________ DATE __________

STAFF SIGNATURE ___________________________ DATE __________

It is the policy of the Alabama State Board of Education and Bevill State Community College, a postsecondary institution under its control, that no person shall on the ground of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program, activity, or employment.