



**BOSTON COLLEGE LAW SCHOOL  
SPECIAL ACCOMMODATIONS REQUEST FORM  
LEARNING DISABILITIES/(ADHD AND ADD)**

<b>Personal Information</b>	
<b>Name:</b>	
<b>Permanent Address:</b>	<b>Address while attending BC Law (<i>if known</i>):</b>
<b>Cell Phone:</b>	<b>Email Address:</b>

<b>Nature of Your Condition</b>
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Please identify and describe your disability, and if you can, describe any way in which your disability affects your learning:

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Please list any treatments or medications currently prescribed:

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<b>Accommodations</b>
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Please describe any adjustments or accommodations you have received in a post-secondary institution or in the workplace such as adjustments for physical access, seating, or use of adaptive technologies:

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Please list any academic adjustments or accommodations you foresee requesting while at BC Law:

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Please describe any equipment, adaptive technologies, or services that you plan to bring with you to BC Law:

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Please add anything else that you believe is helpful for us to know. If your disability may require immediate medical attention while attending BC Law, please list the name, office address, and telephone number for your primary health care provider and the name of someone we should contact in an emergency:

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**Additional Instructions**

Please submit copies of the most current professional documentation of your disability by email to [lawadaservices@bc.edu](mailto:lawadaservices@bc.edu). This information will be used solely for determining the appropriate accommodations, if any. No one is required to accept any form of accommodations. We assure you that your information will be kept confidential and separate from your permanent academic file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_