Bladen Community College

Office of Disability Services

ANNUAL DISABILITY SERVICES RENEWAL / CONTINUATION FORM

ADULT STUDENT

Use this abbreviated form for a student with an existing Disability Services record who is requesting continuation of previously approved accommodations for the upcoming academic year. A full application and/or updated documentation may be requested when circumstances or access needs change.

STUDENT INFORMATION & ANNUAL REVIEW

Student Full Name: _____	BCC ID: _____
Date of Birth: _____	Academic Year: _____
Program / Major: _____	Expected Completion: _____
Preferred Email: _____	Phone: _____

CURRENT DISABILITY SERVICES STATUS

I currently have an active Disability Services record and am requesting continuation of accommodations for the upcoming academic year.

☐ Yes ☐ No / I need to discuss a change

Have there been any changes to your disability/condition, functional limitations, or access needs since your last Disability Services review?

☐ No changes ☐ Yes — please describe below ☐ Unsure / would like to discuss

PREVIOUSLY APPROVED ACCOMMODATIONS

Please check the accommodations you are requesting to continue. Final accommodations remain subject to individualized review and current College requirements.

☐ Extended time for tests/quizzes ☐ Reduced-distraction testing ☐ Testing breaks ☐ Accessible materials ☐ Note-taking support

☐ Assistive technology ☐ Alternative-format materials ☐ Communication access ☐ Attendance consideration ☐ Priority seating

☐ Other: _____

*Attendance and flexibility accommodations are individualized and may be subject to essential course/program requirements.

ACCOMMODATION CHANGES REQUESTED

☐ Same accommodations with no changes.

☐ Requesting changes — describe the change and reason below.

☐ Need assistance determining whether current accommodations remain appropriate.

ACKNOWLEDGMENT & SIGNATURES

I confirm that the information above is accurate to the best of my knowledge. I understand that Disability Services reviews accommodations individually and may request updated information or documentation when necessary. Accommodations provide equal access but do not guarantee academic success or alter essential academic/program requirements. I will communicate with Disability Services if my needs change.

Student Signature: _____ Date: _____

FOR DISABILITY SERVICES USE ONLY

Date Received: _____	Coordinator: _____	Academic Year: _____
☐ Continue accommodations ☐ Review needed ☐ Updated documentation requested	Effective Date: _____	Follow-up: _____
Student notified: ☐ Yes ☐ No	Faculty/staff notification: ☐ Yes ☐ No	Faculty/Staff Notification: _____

Coordinator Notes:

Confidential student record. Store and share only in accordance with BCC policy, FERPA, and applicable privacy requirements.