REQUEST FOR DOCUMENTATION

I, _____, hereby
First Mi Last

give written authorization for _____
(person, organization, agency)

to release any and all documentation of my disability for purposes of receiving the recommended accommodations.

I understand that by this written request, Chattahoochee Valley Community College is legally harmless for the exchange or release of such information.

Signature _____ Date: _____

Student #_____

DOB: _____

Please return the report or address questions regarding documentation to:

Vickie Williams
ADA Coordinator
Chattahoochee Valley Community College
2602 College Drive
Phenix City, AL 36869
Phone: 334-214-4803
Fax: 334-214-4839