REQUEST FOR DOCUMENTATION

I,		Last	, hereby
First	Mi	Last	•
give written authoriz	vation for	ganization, agency)	
to release any and al	l documentation of my dis	sability for purposes of receiving	the recommended
accommodations.			
harmless for the exc	hange or release of such in	tahoochee Valley Community Conformation.	
-			
Student #			
DOB:			
Please return the rep Vickie Williams	ort or address questions re	egarding documentation to:	

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