DOCUMENTATION OF DISABILITY

NAME:	,		
Last	First		<u>M.I.</u>
ADDRESS:			
Street			Apt.
City	State	Zip Code	
Student C#			
PHONE: ()	(wk	_hmcell,	_msg.)
I hereby apply for Accessibility Service following information documents my rewhile a student at Cochise College. I agreeessary documentation from a certific I further understand that I may be requineed for a particular accommodation. AUTHORIZATION TO RELEA	equest for regree to provided profession red to provide	asonable accorde Cochise Conal as evidence de additional e	mmodation(s) blege with all e of my disability. evidence of the
	LLEGE		
Permission to release my medical and/or request for reasonable accommodation (at Cochise College is hereby granted.		-	<u>-</u>
Signature of Requestor	Signat	ure of Parent or	Guardian (under 18)

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL.

NOTE: All information provided below is confidential and intended only for those personnel with a need to know.

Revised 06/22/2022 RJF

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Statement of Need:			
Briefly describe the diagno individual:	sis and the accom	modation(s) recommended	d for this
marviduar.			
CERTIFYING PROFESS	IONA L:		
(Name/Title – please print)			
Organization			
()		<u></u> @	
Telephone Number	Email		
Signature of Certifying Prof	essional	Date	_
Please forward completed form Office of Accessibility Services			

901 N. Colombo Ave. Sierra Vista, AZ 85635

Fax: (520) 515-5360 Office: (520) 515-5337

Email: accessibility@cochise.edu

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