

# Release to SLCC Accessibility & Disability Services



## **From:**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

## **To:**

Individual Clinician or Professional: \_\_\_\_\_

Agency or Program: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Fax Number \_\_\_\_\_ email: \_\_\_\_\_

I am requesting that my disability documentation be released to Salt Lake Community College Accessibility & Disability Services to determine if I am eligible to receive accommodations under the Americans with Disabilities Act (ADA). Please provide all information as it relates to clinical/medical diagnosis (including relevant test results), functional limitations, current treatment information and medications. More comprehensive guidelines can be found on our website [www.slcc.edu/ads](http://www.slcc.edu/ads).

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

## **Send to (Fax, Email or Mail):**

Fax: 801-957-4947

Email: [ads@slcc.edu](mailto:ads@slcc.edu)

Phone: 801-957-4659

Advisor: \_\_\_\_\_

Accessibility & Disability Services (ADS)

Salt Lake Community College

4600 S. Redwood Rd. Salt Lake City, UT 84123