

Release from SLCC ADS to University Disability Services

Student Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____ DOB: _____

From:

Fax: 801-957-4947

Email: 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

I am requesting that Salt Lake Community College release documentation to another university concerning my disability to determine eligibility for accommodations under the Americans with Disabilities Act (ADA).

Signature: _____ Date: _____

Send To (Fax, Email or Mail):

Employee at Disability Services: _____

College or University: _____

Address: _____

City, ST, Zip: _____

Fax Number: _____ Email: _____