

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, Wallace State 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:

Lisa Smith
Director of Special Populations
Wallace State Community College
P. O. Box 2000
Hanceville, AL 35077-2000
Phone: 256-352-8052
Fax: 256-352-8055