

Release to SLCC Disability Resource Center



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 Disability Resource Center 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/drc.

Signature: _____ Date _____

Send to (Fax, Email or Mail):

Fax: 801-957-4947

Email: drc@slcc.edu

Phone: 801-957-4659

Advisor: _____

Disability Resource Center (DRC)

Salt Lake Community College

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