



Disability Information Form

Phone: 303-914-6739 V.P: 720-372-1591 Fax: 303-914-6833 Email: access@rrcc.edu

Student Name: _____

In the process of determining disability accommodations for a student, Accessibility Services asks the student to provide the information below from a licensed professional.

As the licensed professional, we ask that you:

1. Complete this form attaching a Business Card (Business Stamp may be used instead) or answer the questions below on your office letterhead.
2. Include your license number when signing this form or using your office letterhead.
- 3. Please note this form will not be accepted if numbers 1 and 2 above are incomplete.**
4. The licensed professional completing this form cannot be a family member.

What is the student's disability or diagnosis?

How does the disability or diagnosis impact the student's learning in an educational setting?

Do you have any suggestions for accommodations?

Printed name of Licensed Professional

Signature of Licensed Professional

Date

Licensed Number: _____