



## Disability Information Form

Phone: 303-914-6733

VP: 720-336-3893

Fax: 303-914-6833

Email: [access@rrcc.edu](mailto:access@rrcc.edu)

### Student Section

*Please type or print clearly*

Name:

Student Number:

Phone Number:

Date of Birth:

Address:

City:

State:

Zip Code:

I authorize *(licensed professional name)* to release information pertinent to my disability verbally or in writing to Accessibility Services at Red Rocks Community College.

Student Signature:

Date:

### Licensed Professional Section

*Please type or print clearly*

In the process of determining accommodations and support for students with disabilities, Accessibility Services asks the student to provide the information below from a licensed professional, unrelated to the student.

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.*

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: