

Coahoma Community College

Disability Service Referral Form

INSTRUCTIONS: This form must be completed and returned to: Michael Houston, Director of Employee Services/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: mhouston@coahomacc.edu.

REFERRAL SOURCE:	Disability Support Services
STUDENT NAME:	
STUDENT ID#:	
NATURE OF DISABILITY:	
EVIDENCE AVAILABLE TO CONFIRM DISABILITY: (Please attach)	
SUPPORT REQUIRED:	
ADD OTHER RELEVANT INFORMATION:	