

Coahoma Community College Disability Support Services

LETTER OF REQUEST FOR SERVICES

Name _____ SSN/ID# _____

Semester: Fall/YR _____ Spring/YR _____ Summer 1st () Summer 2nd ()

Campus Location _____ Dorm/Address _____

Phone# _____ Cell# _____

E-mail address _____

Please send a letter to each of the instructors listed below concerning my disability. I understand that this request and a copy of this letter will become a part of my confidential academic file.

<u>Course</u>	<u>Instructor</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I will pick up the letters from Wanda G. Holmes at Office #A100 located in the Vivian M. Presley Administration Building and hand deliver them to my instructors.

_____ Please mail/email directly to my instructors.

_____ Please send a copy of this letter to my faculty advisor.

Name _____

Yes () No () Permission to disclose disability information to instructors.

Yes () No () Permission to discuss academic progress with parents without contacting the student.

Student Signature _____ Date _____

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.