



OFFICE OF STUDENT SUCCESS

629 Industrial Park Avenue • Asheboro, NC 27205 • www.randolph.edu/successcenter/
Phone: (336) 633-0200

Creating Opportunities. Changing Lives.

Professional Documentation Form

RELEASE OF INFORMATION

The information requested below and any documentation regarding your disability as well as your need for accommodation(s) will be considered confidential. Information will not be shared with any outside party without your expressed written permission.

Student's Name: _____

Address: _____

Last 4 digits of SS #: _____ Student ID #: _____

Program of Study: _____

I hereby authorize the release of the following information:

FROM: _____

TO: The Coordinator of Students with Disabilities or other college personnel at Randolph Community College

Student's name: _____ Date: _____

Professional Providing Documentation:

Name: _____

Professional Capacity: _____ License # _____

Agency or Practice and Address: _____

Phone Number: _____ Date: _____

Diagnosis/Diagnoses: _____



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Description of **current status of student**, including tests and results (test and results, where needed, may be appended) and of **impact on student's academic performance**:

Description of **expected stability or progression of disability**:

RECOMMENDED ACCOMMODATION(S)—JUSTIFICATION FOR ACCOMMODATION(S)

1

2

3

4

**To be completed by Professional Providing Documentation when form is completed:
This form must be signed for the student to receive recommended accommodations.**

I certify that the following accommodation request is currently appropriate for the above-named student.

Name of Professional Providing Documentation (Print): _____

Date: _____

Signature: _____