



CALHOUN
COMMUNITY COLLEGE

ADA Release and Statement Form

Name: _____ C Number _____

Address: _____

Phone _____ Email address: _____

I understand that it is my responsibility as a student to communicate with the Student Disability Services/ADA office before the start of each semester to inform them of my new class schedule and list of instructor(s) by completing a new Request for Academic Adjustments and Modifications Form. I may submit my course schedule via email, postal service, or in person. Phone calls will not be permitted. Academic adjustments and modifications are not retroactive and therefore it is best to contact the office before classes begin each semester.

I authorize the Student Disability Services/ADA office to discuss/release the following forms or information to the following people (Please print full names and relationships):

Information to be released:

Academic Adjustments Notification Class Schedule

Student Signature: _____ Date: _____

Student Disability Services/ADA Office Staff Signature & Date: _____

Please note that assessment documentation has to be current.

PSYCHIATRIC DISABILITIES – NO MORE THAN 1 YEAR

ADHD, LEARNING, COGNITIVE, MOBILITY, SENSORY, SYSTEMIC, & TRAUMATIC BRAIN INJURY – NO MORE THAN 3 YEARS OLD