

Jones County Junior College
Office of Disability Accommodations
Request for Documentation Form

Consent to Release Information

The student's signature below serves as consent to release necessary and appropriate information to the Office of Disability Accommodations of Jones Junior College regarding this individual's request for accommodations.

Student's Name (Please Print)

Social Security Number

X

Student's Signature

Professional Evaluator's Response

The above noted student has requested that Jones County Junior College furnish accommodations in the classroom. Whether the individual student is a qualified individual with a disability within the meaning of the law is a question of law dependent on a variety of factors. In order to assist Jones Junior College in making this determination, please read and respond to the following questions.

1. What is your professional area of expertise?

2. When and on approximately how many occasions have you treated this individual?

3. Does this individual have a mental or physical impairment?

4. If your response to Question No.3 is Yes, please describe the nature of the impairment, its duration, diagnosis, and prognosis.

5. If the individual has a mental or physical impairment, does that impairment substantially limit any major life activity? If so, describe specifically which major life activities are adversely affected and in what manner they are affected.

6. If the individual has a mental or physical impairment, and if such impairment substantially limits one or more major life activities, please describe what mitigation, corrective or self-help measures are available to the individual to minimize the impairment.

7. What mitigating, corrective or self-help measures does the individual currently use?

8. Please feel free to suggest any reasonable accommodations for consideration by the college that you feel might enable this individual student to fulfill his or her course requirements?

9. Please feel free to add any additional information, comments, or suggestions that will assist the college to determine: (1) whether the student is disabled within the meaning of the law, and (2) whether he/she is eligible to receive reasonable accommodations.

10. _____
Evaluators Name (Please Print) Signature

Name and Address of Office/Clinic: Phone Number:

Thank you for your timely and thoughtful response.

Mrs. Katie Murphy, Director
Office of Disability Accommodations
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900 South Court St.
Ellisville, MS 34937
Phone (601) 477-4028
Fax (601) 477-5413