

Coahoma Community College Disability Support Services

INFORMATION SHEET

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.

Name of Student _____ Social Security/ID# _____

Date of Birth _____ Sex: Male() Female() Phone No. _____

Campus Location: _____

Dorm () Commuter () Major _____

Parent/Responsible Person _____ Address _____

City _____ State _____ Zip _____

Do you have a disability/handicapping condition that requires?

Special Dorm provision Yes () No ()

Special classroom location Yes () No ()

Mobility Assistance Yes () No ()

Instructional Support Yes () No ()

Other Special Assistance (Be Specific) _____

Nature of Disability/Handicapping Condition _____

****This information is voluntary, and will be kept confidential and used in accordance with the Rehabilitation Act of 1973 and the Americans with Disability Act.**

I CERTIFY THAT THE ABOVE QUESTIONS HAVE BEEN ANSWERED TO THE BEST OF MY KNOWLEDGE.

Signature of Student

Date