

## Documentation of Special Needs for Accommodations

To be considered for accommodations, the student must complete this form Documentation of Special Needs for Accommodations. This form has two parts: The student should complete the first two pages of this form and then ask a **licensed health care and/or educational professional** to complete the other pages. The professional completing this form may not be related to the student. We do not accept personal notes from health care providers.

### To be completed by the student:

Print Student Name: \_\_\_\_\_

I am a current Capri Beauty College student \_\_\_\_\_

An incoming new or transfer student \_\_\_\_\_

Campus Location attending: Oak Forest \_\_\_\_\_ New Lenox \_\_\_\_\_

I request the following information from my health care and/or educational professional be used as documentation of my request for accommodation. I understand this documentation may be reviewed and discussed with members of the Special Accommodations Committee as appropriate. I understand that a member of the Special Accommodations Committee may contact me for further information and/or to discuss options related to my request(s). Furthermore, I give my consent for the President of the College or on behalf of Capri Beauty College to contact the professional completing this form for additional information as needed.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_





