



California Christian College, 5364 E. Belmont Ave., Fresno, CA 93727

www.calchristiancollege.edu

Disability Accommodation Application

Please complete the following information and return it to the Academic Office, California Christian College, 5364 E Belmont Ave., Fresno, CA 93727

Questions may be directed to the Academic Affairs Office, 559-251-4215, ext 1004.

Name _____

Address _____

City _____ State _____ Zip _____

Current Phone Number _____

1. Please describe your disability (use a separate sheet if necessary):

2. Please describe any accommodation that you believe would be of assistance to you (use a separate sheet if necessary):

3. Attach the following: *A letter dated no more than three (3) years ago from a licensed physician or other appropriate professional describing the extent and nature of the disability. The letter should also include recommendations for providing accommodation. Please note:* The letter needs to be on official letterhead from the office where the professional works. A prescription will not be accepted.

I understand information in my file will be kept confidential and will not be released without my permission. All information is true to the best of my knowledge.

(Student Signature)

(Date)

Once your application has been reviewed, the Academic Office will contact you with further information regarding accommodation.

(Academic Office Signature)

(Date)