



## Support Services for Academic Success

Capital Community College  
Counseling Office – Disabilities Coordinator  
950 Main Street  
Hartford, CT 06103

To: Clinical or Health Care Provider

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The above named student is requesting Support Services for Academic Success under American Disabilities Act or Section 504 of the Rehabilitation Act of 1973 at Capital Community College. In order to be eligible for services, the student should disclose a disability voluntarily and provide official documentation with the following information from the appropriate specialist.

### Medical Documentation with:

- **Diagnosis**
- **Treatment**
- **Impact on physical or intellectual abilities**
- **Recommendations for academic success**

### AND (if applicable)

### Copy of the most recent evaluation\*

- **Psychological**
- **Psychiatric**
- **Neurological**
- **Speech and Language**
- **Audiologist**
- **Certificate of Legal Blindness**

\*The most recent evaluation should be NO OLDER than three years.

The student should provide the documentation **in person** to the Disabilities Coordinator in suite 208 or **by mail** to the above address. Please contact 860.906.5040 should you have any questions.