



Life Pacific College

Disability Accommodation Application

Please complete the following information and return it to the Academics Office, Life Pacific College, 1100 Covina Blvd., San Dimas, CA 91773. Questions may be directed to the Academics Office, 909-599-5433.

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Current Phone Number:

(_____) _____

1. Please describe the nature of your disability (use separate sheet if needed):

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

3. Attach the following document: *A letter dated no more than 3 years previous 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.* Note: The letter needs to be on official letterhead. A prescription note 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.

Signature Date

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

Application Reviewed:	<input type="checkbox"/> Accepted	For Office Use Only
Disability Accommodation form completed:	<input type="checkbox"/> Denied	Initials: _____ Date: _____