



# GEORGIA INSTITUTE OF COSMETOLOGY

## REQUEST FOR DISABILITY ACCOMMODATION

Complete this form , provide a current statement of disability and a specific proposal for accommodation as it relates to your disability, and have the professional who documents your disability return this form to the Georgia Institute of Cosmetology.

- Your documentation must be from a physician, mental health professional, or other professional with expertise directly related to your disability.
- The professional must have proper credentials to properly diagnose your disability.
- The professional's statement must be on the professional letterhead, include the address, and phone number of the professional.
- The specific proposal for accommodation must relate directly to your disability.

Please include any information regarding accommodations for your disability that you may have received in the past.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Educational Program: \_\_\_\_\_

Professional submitting documentation: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Professional Phone number: \_\_\_\_\_