

Proof of Disability

Applicant's name: _____

Applicant's member ID#/or e-mail address: _____

Applicant's phone number: _____

Select all that apply: Specific Learning Disability Reading Accommodation Visual Disability Physical Disability

For more info. visit: [Reading Accommodations](#)

Please have this section completed by a [Competent Authority](#). This information is required in order to process applicant's membership.

I confirm to the condition referenced above limiting the applicant's ability to effectively read standard print.

Name of competent authority: _____

Title/professional specialty: _____

Licensing Authority: _____ License No.: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ ZIP/postal code: _____

Daytime telephone: _____ E-mail: _____

I confirm to my competency to make this certification.

Signature: _____ Date: _____

E-mail to: Custserv@LearningAlly.org

Fax to: 609.751.5263

or

Mail completed form to: Learning Ally, 20 Roszel Road Princeton, NJ 08540