

# Certification of Disability Status

Date:

To Whom It May Concern,

This is to certify that , born on , has been diagnosed with a disability. Based on medical evaluation and records, the individual meets the criteria for recognition of disability status.

Nature of Disability:

Duration of Disability:

Other Relevant Information:

Certified by:

Name:

Position/Title:

Institution:

Contact Information:

Signature:       Date: