

Certification of Disability Instructions

A certifying agent must be a qualified healthcare professional or a representative of an institution, agency or non-profit 501c3 organization actively engaged in work in the disability area specified by the applicant. A certifying agent must have direct knowledge or documentation of the applicant's condition or functional limitation. Examples of certifying agents include licensed physicians and/or surgeons operating in the scope of their licenses, vocational rehabilitation agency counselors, teachers, audiologists, credentialed therapists, directors of independent living centers, local/state/national chapter presidents of associations of/for persons with disabilities including but not limited to: The National Association of the Deaf (NAD), Hearing Loss Association of America (HLAA), AG Bell, Association of Late-Deafened Adults or Telecommunications for the Deaf and Hard of Hearing (TDI) or verification from qualified state agencies or state departments of rehabilitation.

AT&T Certification of Disability

(To be completed by the certifying agent ONLY)

AT&T is not responsible for any charges incurred to obtain disability certification.

Applicant's Name: _____

Applicant's Mobile Phone Number: _____

Describe the nature of the disability or medical condition: _____

Name of Certifying Agent: _____

Title: _____

License # (if applicable): _____

Organization (if applicable): _____

Contact Number or Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I certify that the applicant named above has a hearing or speech disability or condition described above and that this disability/limitation prevents or limits his/her ability to communicate over voice networks.

Signature of Certifying Agent

Date Signed

Place Office Stamp Here