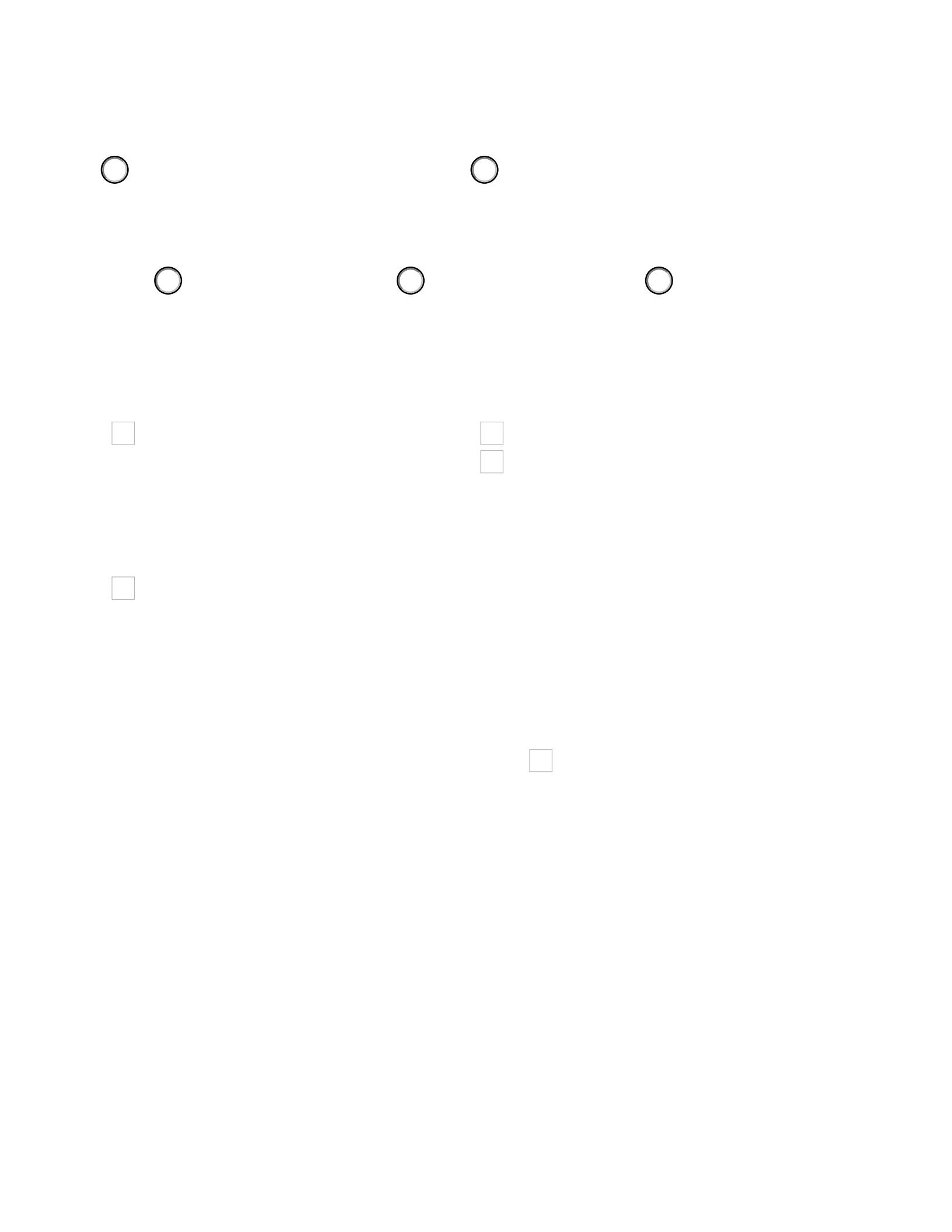

## ADDITIONAL COMMENTS

(Attach additional documentation if needed)

Name of Certifying Professional:

License Number: Position Title:

Organization:

Address: State:

City: Zip Code:

### IMPORTANT NOTICE

Once the practitioner has signed the form, the form fields in part 2 will be locked and can not be edited. Please make sure the information provided is correct before signing.

Professional's Signature Date

Please submit completed form to:

Bob Murphy Access Center
California State University Long Beach
SSSC-110
1250 Bellflower Boulevard
Long Beach CA 90840

OR

via email at
bmac@csulb.edu

OR

via fax at
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