

Section I: Completed By Student

Name: _____ Date: _____

Campus Key: _____

Name of Healthcare Provider: _____

Medical Records Release

I, _____, hereby request and authorize the above-named healthcare provider to release my personal and medical information related to the requested accommodation to the Office of Student Accessibility Services. I also authorize the above-named healthcare provider I to verbally discuss any limitations related to my ability to participate in academic programs or related programs and services with a representative from the Office of Student Accessibility Services.

Student Signature _____ Date _____

Section II: Completed by Healthcare Provider

1. What is the name of the diagnosis/diagnoses?

2. What diagnostic criteria, evaluation methods, procedures or tests were used to reach this diagnosis?

3. How long has the student had this condition?

4. Please provide a brief history of the condition and recommended accommodations (if any)?
5. Is this condition permanent? If no, how long will it persist?
6. What are the symptoms or functional limitations of this condition (related to higher education)?
7. Does this condition limit a major life activity? A major life activity is an activity that the average person can perform with little or no difficulty (walking, seeing, hearing, speaking, breathing, learning, sitting, and standing). If yes, please specify the life activity and relate to functional limitations.
8. Please provide recommended accommodations in higher education. For each accommodation, you must provide a rationale, based on function limitation.
9. Is the student currently taking medication(s) related to the diagnosis for which accommodation is sought? If yes, list the medication(s), dosage, and any adverse side effects that impact the student's functioning (if any).

10. Please complete the following and sign below:

Name (Printed): _____

Title: _____

Area of Specialty: _____

License # _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____