

Residence Life Office

Documentation of Medical and/or Psychological Conditions

Student Name: _____

To the Professional:

I request that the following information be released to the Residence Life Office at Cornell College to be used as documentation of my request for accommodation.

To the Residence Life Office:

I authorize the Residence Life Office to review my request with the following offices (please initial):

_____ Dean of Students Office

_____ Student Health Center (you will need to complete a separate Health Center release)

_____ Counseling Center (you will need to complete a separate Counseling Center release)

_____ Sodexo Food Service (for meal accommodations)

I understand that the information provided below is a recommendation only. The final decision for accommodation rests with the Director of Residence Life and the Dean of Students.

Student Signature: _____

Date: _____

To Be Completed By Professional

To determine eligibility for disability-related accommodations, the Residence Life Office requires current and comprehensive documentation of the disability from the diagnosing physician, psychiatrist, psychologist, or other appropriate professional. Please complete the following information:

1. Provide a complete medical or DSM IV diagnosis, date of diagnosis and last contact with student.

2. Describe symptoms the student has that meet the criteria for this diagnosis.

3. Describe how this disability may affect the student's academic performance and life functioning?

