

Disability Resource Center
Division of Student Affairs & Enrollment Management
Northern Illinois University
Campus Life Building Suite 180
DeKalb, Illinois 60115
Phone: (815) 753-1303/Fax: (815) 753-9570
www.niu.edu/disability

Physical/Medical Condition

The student, whose name and signature appear below, has requested disability related services based upon one or more diagnoses. The student is requesting that the following information be provided by an appropriately licensed/certified professional, qualified to provide such information. Please complete and return this form, and/or send copies of diagnostic evaluations and progress reports (containing the requested information), to the name and address listed above. Please consider this signed consent as authorization to release this information to the Disability Resource Center.

Student Name

Student Signature

Birthdate

ZID

Date

Please note: Information provided is considered in determining appropriate disability related resources, including academic accommodations.

Diagnosis:

Description of the diagnostic criteria and/or diagnostic test(s) used:

Functional impact of diagnosis (cognitively, perceptually, physically):

Treatment, medications, assistive devices/services currently prescribed:

Progression or stability of the impact of the disability over time:

Recommendation for accommodations and resources:

Other relevant information:

Credentials of the diagnosing professional:

Signature of Certifying Professional

Print Name/Title

License/Certification Number & State of Licensure

Date

Address

Phone