

Psychiatric Condition

Please TYPE OR PRINT to complete this form.

Office of Disability Services

Wickes 260

Phone: 989-964-7000

Fax: 989-964-7164

E-mail: disability-services@svsu.edu

The student, whose name and signature appear below, has requested disability related services based on the diagnosis of a Psychiatric or medical condition. The student is requesting that the following information be provided by a licensed professional trained in the area of Psychiatric or medical conditions. 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. **This form must be completed by diagnosing clinician.** Please type or print information so it is legible. Please consider this signed consent as authorization to release this information to the Office of Disability Services at Saginaw Valley State University.

Student Name: _____ Student Signature: _____
Birthdate: _____ Student ID #: _____

Please note: Information provided is considered in determining appropriate disability related academic accommodations and resources. **Please TYPE OR PRINT to complete this form.**

Diagnosis _____ **DSM Diagnosis Code:** _____

Date of Diagnosis: _____ Date of last contact with student: _____ Date of initial contact: _____
Assessment Instruments and Results: _____

(You should attach testing results report and include with returned documentation)

Describe the Functional Limitations (Impact, cognitive, perceptual and physical abilities of condition): _____

List of Current Medication(s) (dosage, side effects, treatment plan): _____

Suggested Academic Accommodations: _____

Professional Credentials: _____

Recommendations for Accommodations and/or Resources: _____

Professional Credentials:

Signature of Certifying Professional: _____

Print Name/Title: _____

License/Certification Number & State of Licensure: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

(Please note, form will be return if not legible! Please TYPE OR PRINT to complete this form.)