Office of Disability Resources
D-102
Phone: 989-686-9794
Fax: 989-667-2228
E-mail: disabilityresources@delta.edu

Psychiatric Condition

The student, whose name and signature appear below, has requested disability related services based on the diagnosis of 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 condition. 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 Office of Disability Resources at Delta College.

Student Name: Student Signature:

Birthdate: Student ID:

To Be Completed By Professional

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

DSM-5 Diagnosis:

Date of Diagnosis: Date of last contact with student: Date of initial contact:

Assessment Instruments and Results:

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

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

Recommendations for Accommodations and/or Resources:

Professional Credentials:

Signature of Certifying Professional:

Print Name/Title:

License/Certification Number & State of Licensure: Date:

Address:

Phone: