

NORTH CENTRAL MICHIGAN COLLEGE

2025 DIAGNOSIS REQUEST FOR ACCOMMODATIONS ASSISTANCE

The following student has requested accommodations from the Disability Support Services Office at North Central Michigan College. The goal of our department is to provide accommodations to permit access to all facilities, programs, events, and services on campus. We require appropriate documentation of the student's accessibility and accommodation needs in order to provide services. This form must be completed and returned to us directly from the certified professional's office via mail or fax. You may attach additional information, as needed. Thank you in advance for your time and consideration in this matter.

Name of student/patient: _____

Birthdate: _____

Name of Certified Professional: _____

License/Certification Type: _____

Institution Name: _____

Institution Address: _____

Phone: _____

Fax: _____

Diagnoses, DSM Code(s) and Dates Identified:

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List any medications prescribed which may inhibit the patient's performance in major life activities, and their effects

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Please state how the diagnosis/disability affects the patient's ability to access college activities/courses/situations/environments (attach pertinent documentation, as needed):

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Recommended Academic and Access Accommodations:

Certified Professional's Signature: _____

Date: _____

Please return this form to the Director of Learning Support Services.