

## Office of Accessibility and Accommodation Services P. 541-881-5812 / F. 541-881-5510

## **Disability Documentation**

Please have a licensed medical professional complete the following form (i.e. family doctor, therapist, licensed counselor, ect.). This information is used to better serve you and will be held in strict confidentiality. Information from this form will not be included with your academic transcript from Treasure Valley Community College.

Date:		
Patients Last Name:	First Name:	Middle Initial:
Please list the diagnosis:		
Date of diagnosis/onset:		
Current status of condition(s) (active, pr	ogressing, controlled, in remission, e	ect.):
What exacerbates the specific medical c	condition/diagnosis?	

Please indicate recommendations you have regarding racademic adjustments and/or other accommodations to Treasure Valley community College as justified based enlarged text, ect.)	equalize the student's educational opportunities as
Name and licensed title:	
Office or clinic address:	
Professional daytime phone number:	
By signing below, you the medical profession are signot related to the patient/student by blood or marri	gnifying the above information is correct and you are age.
Signature:	Date:
Please do not write below this line – Office of A	ccessibility and Accommodation Services use only.

Treasure Valley Community College does not discriminate on the basis of race, color, sex, marital status, sexual orientation, religion, national origin, age or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Human Resources Director located in PAC 105, email <a href="https://example.com/HR@tvcc.cc">HR@tvcc.cc</a> or call 541-881-5838 or TTY 541-881-2723. Treasure Valley Community College is an equal opportunity educator and employer. Revised May 20, 2021.