Office of Institutional Equity
Accessibility Services Program
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-7245 office
484-365-7971 fax
accessservices@lincoln.edu email

Documented Disability Form

This form must be signed by a medical/clinical professional and include an official office stamp or an accompanying note on letterhead and returned to the Office of Institutional Equity.

Student Information

Last Name_____First_____

ID#_____Date of Birth_____ Gender: _____

Phone: _____

Student Release of Medical Information

I authorize my physician or any other professional clinician who may share in my care to release to the designated representative of Lincoln University all information that shall be required concerning my diagnosis to determine eligibility for support services under the Accessibility Services Program.

_____ _____
Student Signature Date

All INFORMATION BELOW IS TO BE COMPLETED BY YOUR PHYSICIAN OR OTHER PROFESSIONAL CLINICIAN:

1. What is the diagnosis/impairment?

2. When was the diagnosis originally made?

3. What tests, if any, were relied upon in reaching the diagnosis/es identified in question 1?

4. Does the condition identified significantly limit a major life activity of the student? □ No □ Yes
   If yes, please indicate how.

5. Please describe symptoms associated with condition.

6. Describe how the condition may affect this student both academically and/or physically?

7. Please specify accommodation(s) idea which may assist the student in his/her postsecondary educational program.

a)_____

b)_____

c)_____

d)_____

e)_____

8. Are there any special housing needs required? □ No □ Yes (provide details below)
Are there any special dietary restrictions or needs? □ No □ Yes (provide details below)

All medical housing residents are subject to random health and safety inspections.

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Please print or type the information below and include official office stamp in the blank space below:

STAMP HERE

Name/Title_____

Address_____

Zip_____

Phone_____

Fax_____

Signature_____**Date**_____
Medical/Clinical Professional

License #_____**State**_____

For more information or to discuss, contact ADA Coordinator, Office of Institutional Equity, at accessservices@lincoln.edu , 484-365- 7245 (office), 484-365-7971 (fax).