



**SUPPORT SERVICES FOR STUDENTS WITH DISABILITIES
REQUEST FOR DOCUMENTATION OF DISABILITY**

_____ has requested accommodations from the Support Services for Students with Disabilities office at Glen Oaks Community College. In order to evaluate this request, we need the following information. Please either respond on, or attach this form to, your official letterhead. Please print. Use additional paper if necessary. Feel free to attach any additional information you feel would be helpful.

Disability diagnosis: _____

Name of person making diagnosis: _____

Title of person making diagnosis: _____

Severity of disability: _____

Functional limitations of disability: _____

Recommended accommodations AND how these recommendations relate to the disability:

List all Medications being taken and possible side effects: _____

Date you last saw this student: _____

Date you completed this form: _____

Signature/Title of Person Making the Diagnosis

Date

62249 Shimmel Rd., Centreville, MI 49032 (269) 467.9945 or toll-free (888) 994.7818

www.glenoaks.edu