# MEDICAL AUTHORIZATION RELEASE

TO THE PHYSICIAN, PSYCHOLOGIST, AUDIOLOGIST, DIAGNOSTICIAN, OR PRACTITIONER: The student has informed EL PASO COMMUNITY COLLEGE CENTER FOR STUDENTS WITH DISABILITIES that his/her condition has prevented or will prevent him/her from performing essential academic functions and or attending classes regularly unless special services are provided. We would appreciate receiving sufficient information from you in order to determine appropriate accommodations in accordance with state and federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a licensed psychologist or psychiatrist or educational diagnostician; 2) for a hearing disability, a current audiogram from an ENT or Audiologist is required; 3) for a psychological disability, a diagnosis based on a current DSM from a licensed psychologist/psychiatrist will be required; and, 4) for a physical disability according to the current ICD from a physician will be required.

1. Please provide a diagnosis of condition or brief description of disability.______________________________________________

   ______________________________________________________________________________________________

   ______________________________________________________________________________________________

2. How was this diagnosis determined? ____________________________________________________________________

   ______________________________________________________________________________________________

3. Prognosis: The condition is ❑ Permanent ❑ Temporary; how long: ________________ Subject to change? ❑Yes ❑No

4. Is condition: ❑ Under Control ❑ Not under Control

5. When was the student first seen by you for this condition? ______________________________________________________

   Is the student currently under your care? ❑ Yes ❑ No Month/Day/Year __________________________________

6. Can the student perform essential academic functions without threat to health/safety of: Self ❑Yes ❑No If no, please

   explain: _____________________________________________________________________________________

7. What are typical accommodations needed for disabilities of this nature? _____________________________________________

   ______________________________________________________________________________________________

8. What are the specific functional abilities and limitations (e.g. Mobility or other classroom or test situations, sitting, rest breaks, environmental conditions, medically-related absences, equipment modifications, etc.) should the College consider in determining the reasonable accommodation(s) that will enable the student to perform essential academic functions?

______________________________________________________________________________

9. Are there any side effects from medication, which might affect academic performance? ❑ Yes ❑ No

If yes, please describe: ______________________________________________________________

10. Class attendance is frequently an essential function; does the condition affect the student's class attendance? ❑ Yes ❑ No

If yes, please explain how: ____________________________________________________________

***I hereby certify that the information provided above is true and correct to the best of my knowledge***

__________________________________________ /__________________/__________________

Practitioner's Signature Date Year

______________________________________

Print Name Degree/Specialty

______________________________________

Street Telephone #

______________________________________

City State Zip

______________________________________

License Number.

RETURN FORM TO:
EL PASO COMMUNITY COLLEGE
Center for Students with Disabilities
P.O. Box 20500
El Paso, TX 79998

I, __________________________________________, Social Security Number ___________/_______/__________

authorize the release of the above information to: El Paso Community College, Center for Students with Disabilities. Student

Signature__________________________________ Date ________ /________ /_________