



Megan Brehun, M.S.
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Medical Information Request

The student named below has indicated that s/he has a disability and will require reasonable accommodations at Stanly Community College. The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of requested accommodations or services. Please take the time to complete this form in its entirety. Contact Disability Services at 704-991-0161 with any questions. All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form.

Student Name:

Dates of treatment with current provider/facility:

Date student was last seen:

Medical Diagnosis(es):

Onset of Condition(s):

Current Status of Condition(s) (e.g. Active, Progressing, Controlled, In Remission):

How long is this condition(s) likely to persist:

What are the student's current functional limitations:

In comparison to the average person in the general population, please rate the severity of the student's functional limitations noted above:

What exacerbates the specific disability(ies) this student has?

Please include both the positive as well as any negative effects of the medication

Please describe the impact that the student's condition will have on his/her ability to attend or participate in classes

Please describe the impact this student's condition has on his/her overall ability to learn, or on other cognitive abilities

Identify any accommodations you believe may be necessary in order for the student to participate in the programs, activities and services:

Anticipated duration of need for accommodation:

Name of Medical Professional: _____

License #: _____ Please indicate State: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____