



RELEASE OF DOCUMENTATION

Student's Full Name: _____

Birth date: _____

SS#: _____

TO THE STUDENT: This consent form may be revoked by YOU at any time. Unless revoked earlier, this consent expires upon completion of your program at Bushnell University. It is understood that the information specified above will not be released to any third party agency or individual without my knowledge and consent. The confidentiality of this information is protected by state laws (ORS 192.500, ORS 179.505) and federal law (PL 93-380, the Federal Family Education Rights and Privacy Act of 1974.)

Student Signature

Date

This student has asked our office for academic accommodations under **Section 504 of the rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990**. Documentation will be used to determine eligibility for services and accommodations in the postsecondary education setting. The Accessibility Coordinator requires the following information to determine the eligibility. You may use the form provided or draft a letter of your own.

Documentation Requirements:

- Diagnosing professional credential requirement: (please circle one)
Ph.D. M.D. D.O. Other: _____
- Attach a written description of the diagnostic criteria based on the DSM-IV definition
- Report on any diagnostic test used

Diagnosis: _____

Date of onset: _____

Most recent date you saw this student for this diagnosis: _____

Current treatment: _____

How might this diagnosis/disability SIGNIFICANTLY AFFECT this student's ability to receive an education?

If the student is significantly affected, please give any suggestions you might have for academic accommodations.

Doctor's Signature

Date

Oregon State Board license #:

Please return this form and appropriate documentation to:
Bushnell University, 828 E. 11th Avenue, Eugene, OR 97401; email:
accessibilityservices@bushnell.edu; or fax 541-684-7282