Northwood Technical College

Visual, Hearing, Medical and/or Mobility Impairment Documentation

Release of Information Form

To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of their disability. This documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and it substantially limits some major life activities, including learning. If accommodations, academic adjustments and/or auxiliary aids are being requested, the documentation provided must support the request. Appropriate accommodations will be determined based on the specific information submitted in the documentation.

- Please sign this Release of Information Form and submit it with the required Visual, Hearing, Medical and/or Mobility Impairment Documentation Form completed by a qualified professional evaluator to:

Northwood Technical College
Ashland Campus
2100 Beaser Avenue
Ashland, WI 54806
Phone: (715) 682-4591
Fax: (715) 682-8040

Northwood Technical College
Superior Campus
600 N. 21st Street
Superior, WI 54880
Phone: (715) 394-6677
Fax: (715) 394-3771

Northwood Technical College
Rice Lake Campus
1900 College Avenue
Rice Lake, WI 54868
Phone: (715) 234-7082
Fax: (715) 234-5172

Northwood Technical College
New Richmond Campus
1019 South Knowles Ave.
New Richmond, WI 54017
Phone: (715) 246-6561
Fax: (715) 246 2777

I _____ , hereby authorize the release of requested information to the Disability Services Office at Northwood Technical College for the purpose of determining my eligibility for educational accommodations. Authorization remains in effect for one (1) year from the date of my signature.

I understand that I have the right to refuse to sign this authorization form and it may be revoked in writing at any time prior to the disclosure of this information.

Re-disclosure Notice: The information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by HIPAA.

_____ _____
Student Signature Date

_____
Date of Birth:

Northwood Technical College

Visual, Hearing, Medical and/or Mobility Impairment Documentation

Release of Information Form

This form must be completed and signed by a licensed physician or other qualified professional.

Student Name _____ DOB _____

1. Medical diagnosis of disability:

_____

_____

2. Date of most recent medical evaluation:

_____

_____

3. Severity/Limitations of disability:

_____

_____

4. Assessment procedures or evaluation of instruments used to make this diagnosis; including results (please attach assessments/evaluation relative to college accessibility):

a. _____

_____

b. _____

_____

c. _____

_____

d. _____

_____

5. Disability related needs, including recommendations for academic accommodations, adjustments and/or auxiliary aids at the post-secondary level to determine what accommodations are appropriate, (i.e., attendance, carrying books/tools, dexterity, sitting, walking, climbing steps, writing/note taking, word processing, full credit load, and test taking):

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

6. Describe any medication side effects that may be anticipated:

   _____

   _____

   _____

7. Describe the prognosis and anticipated duration of the limitations described above:

   _____

   _____

   _____

Physician's Name: _____ License # _____
(please print)

—OR—

Other Professional's name and title _____

Address _____ Phone _____
(please print)

Signature _____ Date _____