1st Request mailed/faxed_______________

2nd Request mailed/faxed_______________

Harper College

Access & Disability Services

1200 West Algonquin Road
Palatine, Illinois 60067

847.925.6266 voice callers
847.925.6267 fax

AUTHORIZATION FOR RELEASE OF INFORMATION

For Psychological and/or Medical Disabilities

I,____ (print your name)

Signature ✗____, hereby authorize:

____
Name of Doctor/Medical Group/LCSW (*required*)

____
Address

____
City, State, Zip **Fax Number**

to release the following information to:

____
Access & Disability Services
William Rainey Harper College
1200 West Algonquin Road
Palatine, IL 60067-7398

DSM-V / MEDICAL Diagnosis____
(Please include DSM code where applicable)

____

____

____

Level of Severity: ❑Mild ❑Moderate ❑Severe ❑Partial Remission ❑Residual State
(please check one)

Date of Diagnosis:

____

List Current Medications: Quantity Frequency Side Effects

____

____

____

(continued next page)

Describe the Functional Limitations:

____

____

____

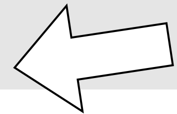
____

____

____

____

Recommendations for the following supportive services/accommodations your patient/client may need:



❑Priority Registration ❑Notetaking

❑Testing Accommodations ❑Reduced Course Load

❑Other (Please specify)____

____

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× ____

Signature of Certified Licensed Psychologist/Psychiatrist/Physician

____

Print Name/Title (required)

____

License/Certification Number & State of Licensure

____

Date