



Educational Support Center
 Science Hall 150
 Schnecksville, PA 18078
 Ph: 610-799-1156
 Fax: 610-799-1068

Request for Assistance Documentation of Temporary **Impairment**

Please return this form completed by a licensed physician to address above.

STUDENT TO COMPLETE:

I authorize my physician to release the information requested, as part of my Request for Assistance due to a Temporary Impairment. I understand that the information will be handled in a confidential manner and in compliance with HIPAA.

Patient Name: _____ ID#: _____

Student Signature: _____ Date: _____

PHYSICIAN TO COMPLETE:

Diagnosis: _____

Date of onset: _____

Dates under your care for this specific illness: _____

Date(s) of hospitalization, if applicable: _____

Treatment plan: _____

Effect(s) the condition has on the student's ability to perform academically: _____

Assistance required: _____

PLEASE PRINT

Name of Physician: _____ Phone: _____

Address: _____

Signature of Physician: _____ Date: _____

Professional License ID #: _____

The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of gender, gender identity, gender expression, sex, race, ethnicity, color, national origin, religion, age, disability, veteran or military status, genetic information, family or marital status, sexual orientation, or any other protected class under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Inquiries about this policy and procedure may be made internally to the Director of Human Resources/Title IX/Equity Coordinator, Office of Human Resources, 4525 Education Park Drive, Schnecksville, PA 18078, 610-799-1107. PERM24A-t (AC)