



MITCHELL | HAMLINE  
School of Law

**Medical Provider Statement Form**

**I. STUDENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ MHSL ID: \_\_\_\_\_

**For the Medical Provider**

This form is intended to be used for determining need for appropriate accommodations for a student requesting disability or medically related accommodations at Mitchell Hamline School of Law. Please complete the requested information in as much detail as possible. The information obtained will be used for the sole purpose of determining appropriate accommodations. If you have any questions, please feel free to contact Disability Services in the Dean of Students Office with any questions at [shammah.bermudez@mitchellhamline.edu](mailto:shammah.bermudez@mitchellhamline.edu) or by phone at (651) 695-7700.

**II. PROFESSIONAL INFORMATION**

(This section is to be completed by a qualified Professional)

Name of Certifying Professional: \_\_\_\_\_

Name of Agency or Institution: \_\_\_\_\_

License/Certification Number and Issuing State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Date of Initial Contact with Student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Contact with Student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **III. DIAGNOSTIC INFORMATION**

***Please attach a copy of any diagnostic report, psychoeducational assessment or neuropsychological evaluation associated with this case.***

Diagnosis(es) related to the accommodation request:

Please describe the student's functional limitation related to the diagnosis:

Please list the recommended academic accommodation (s) and rational for each accommodation:

**Thank you for your assistance in completing this form**

If you have any questions regarding the nature of the information asked for in these documents, please call Disability Services in the Dean of Students Office at (651) 695-7700

**Completed forms can be returned to:**

**Shammah Bermudez  
Assistant Director for Disability and Student Services  
Disability Services  
Dean of Students Office  
Mitchell Hamline School of Law  
875 Summit Avenue  
St. Paul, MN, 55105  
Email: [shammah.bermudez@mitchellhamline.edu](mailto:shammah.bermudez@mitchellhamline.edu)**