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 disabilityservices@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:

Office of Disability and Student Services
Dean of Students Office
Mitchell Hamline School of Law
875 Summit Avenue
St. Paul, MN, 55105
Email: disabilityservices@mitchellhamline.edu