RANDOLPH COMMUNITY COLLEGE | OFFICE OF STUDENT SUCCESS

ADA MEDICAL DOCUMENTATION FORM

For Academic Accommodation Requests

Student Consent to Release Information

I authorize my healthcare or licensed provider to complete this ADA Medical Documentation Form and release the information contained within to the Disability Services Office or other college staff at my college/university for the purpose of determining my eligibility for disability-related academic accommodations under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

I understand:

- Only information relevant to determining accommodation (s) will be shared with College Staff.
- Information will not be shared with any outside party without your expressed written permission.

Student Signature: _____

Date: _____

Section 1: Student Information

Student Name: _____

Date of Birth: _____

Phone: _____

Email: _____

RCC Student ID: _____ College Program: _____

Confidential – To Be Completed by a Licensed Provider

Section 2: Provider Information

Provider Name: _____

Title / Credentials/ License #: _____

Institution / Practice: _____

Address: _____

Phone: _____

Email: _____

Section 3: Disability & Functional Limitations

Diagnosis:_____

Type of condition:

☐ Physical ☐ Neurological ☐ Sensory

☐ Psychiatric ☐ Learning Disability

☐ Chronic Health Condition

☐ Other: _____

Expected Stability or Progression of Disability

☐ Temporary (through: _____)

☐ Intermittent/Episodic

☐ Ongoing/Chronic

☐ Permanent

Impact the disability has on students' academic performance (check all that apply):

☐ Concentration/focus

☐ Reading/processing information

☐ Writing / organizing written work

☐ Note-taking

☐ Test-taking / timed assessments

☐ Attendance/stamina (due to temporary disability or pregnancy)

☐ Mobility / physical access

☐ Communication access (speech, hearing, visual)

☐ Participation in labs, clinicals, or fieldwork

☐ Other: _____

Additional notes about functional limitations:

_____

_____

Section 4: Recommended Accommodations

A. Classroom & Instructional

☐ Access to notes/slides
☐ Audio-recording
☐ Reduced distraction
☐ Breaks during class
☐ Separate room for testing
☐ Braille/tactile graphics
☐ Note-taker
☐ Preferential seating
☐ Extended time on test
☐ Reduced distraction
☐ Alternative formats for textbooks

B. Other

☐ Service animal
☐ Temporary accommodations
☐ Other: _____

Section 5: Provider Certification

I certify that the information provided is accurate.

Licensed Provider Signature: _____

Date: _____