

Office of Institutional Equity
Disability Services Program
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-7245 office
484-365-7971 fax
disabilityservices@lincoln.edu email
www.lincoln.edu/access

Documented Disability Form

This form must be signed by a medical/clinical professional and include an official office stamp or an accompanying note on letterhead and returned to the Office of Institutional Equity.

Student	t Information			
Last Name		First		
ID#		Date of Birth	Gender □ Femal	e 🗆 Male
I author Lincoln		essional clinician who may share in Il be required concerning my diagr gram.		
	Student Signature		Date	
ТО ВЕ С 1.	COMPLETED BY PHYSICIAN OR OTI What is the diagnosis/impair			
2.	When was the diagnosis orig	inally made?		
3.	What tests, if any, were relie	d upon in reaching the diagnos	is/es identified in question 1	?
4.	Does the condition identified If yes, please indicate how.	d significantly limit a major life a	activity of the student?	□ No □ Yes
5.	Please describe symptoms as	ssociated with condition.		

6.	Describe how the condition may affect this student both academically and/or physically?				
7.	Please specify accommodation(s) which may assist the student in his/her postsecondary educational program.				
	a)				
	b)				
	c)				
	d)				
	e)				
8.	Are there any special housing needs required? Are there any special dietary restrictions or needs?		Yes (provide details below) Yes (provide details below)		
	All medical housing residents are subject to random health and safety inspections.				
	An incured housing residents are subject to fundom health and surety inspections.				
	Please print or type the information below and include official office stamp in the blank space below:				
Name/T	- Title		STAMP HERE		
Address					
Zip					
Phone_					
Fax					
Signature	Date				
	Medical/Clinical Professional				
licansa #	State				

For more information or to discuss, contact Disability Resource Coordinator, Office of Institutional Equity, at disabilityservices@lincoln.edu , 484-365-7245 (office), 484-365-7971 (fax).