

RETT New Student Accommodation Application

Healthcare Provider Form

Center for Disability Services

Student Name	Student ID	Date

The Center for Disability Services at Everett Community College provides accommodations to students with eligible disabilities and academic barriers. The information provided on this form is only used to assist the CDS Office in determining eligibility for accommodations while the student is attending Everett Community College.

Confidentiality

Student information is confidential and is covered by the Family Educational Rights and Privacy Act (FERPA), a federal privacy law enacted to protect confidential information.

Release of Information

I authorize and request the disclosure of the information provided by my Healthcare Provider on this form for the sole purpose of review and evaluation in connection to academic accommodations and determining eligibility of disability services.¹

	 	 1	
Student Signature			Date

If needed, a HIPPA-compliant medical records release form is available at https://www.everettcc.edu/students/cds/document-library.

Submitting

Once this form has been completed, it should be submitted to the CDS Office directly. The student can upload this form into AccessPortal or it can be sent using a method listed below.

Center for Disability Services Everett Community College 2000 Tower St. MS. 43 Everett, WA 98201

Phone: 425-388-9272 Fax: 425-388-9109

Email: cds@everettcc.edu

Healthcare Provider Information

Provider Name	Position/Credentials/Licensure	
Provider Organization, if applicable	Phone	Fax
Mailing Address	Email	

¹Pursuant 42 CFR 2.13(a)(5).

Assessment

Note: Not all the information requested below may apply to every student.

Date of First Visit	Date of Most Recent Visit				
Diagnosis					
Diagnostic Criteria or Methods Utilized, if applicable					
Expected Duration					
□ Ongoing Condition □ Not determined □ Temporary:					
Identify the major life activities affected by the diagnosis and describe the severity of the student's functional limitations resulting from their condition:					
	Additional pages may be included. #	pages attached.			
If you have recommended accommodations, please state in what way they will serve to create an equitable educational experience for the student: ²					
Provider Signature		Date			

² Suggested accommodations are taken into consideration during the student's intake appointment with the Center for Disability Services but medical provider suggestions are advisory only and do not guarantee eligibility for the recommended accommodation(s).