

Support for Students with Disabilities.

132 Memorial Library • Mankato, MN 56001 507-389-2825 (Phone) • 800-627-3529 (MRS/TTY) • 507-389-1199 (Fax) www.mnsu.edu/access

## **DOCUMENTATION OF TEMPORARY ILLNESS**

Student Name:	
Address:	
Diagnosis:	
Current Prognosis:	
Summary of the fundand/or treatment on	ctional limitations of the diagnosis and the impact of medication educational functioning. Please include the dates and/or length be unable to attend classes.
Diagnostician's Name	e:
Diagnostician's Title/	Credentials:
Diagnostician's Signa	ature:

Please mail or fax the above information to the address/number listed above.