



MEDICAL ACCOMMODATIONS

Accessibility Services
AccessibilityServices@royalroads.ca
Phone: 1.800.788.8028 Fax: 250.391.2670
2005 Sooke Road Victoria BC V9B 5Y2

STUDENT INFORMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

The personal information collected on this form is collected under the authority of the University Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information collected will be used for assessing medical needs, in relation to academic accommodations. For more information regarding the collection and use of personal information please contact Royal Roads University's Privacy Officer at 250 391-2600 (ext 4178) or via email at: info@royalroads.ca, or in writing at above address.

STUDENT IDENTIFICATION

I hereby authorize my healthcare practitioner to complete this form. I authorize my healthcare practitioner to fully respond to the requested statement questions below as they relate to assessing academic accommodation and other supports directly related to medical barriers to education at Royal Roads University. This information will be used only for assessing my medical needs and any fees incurred for completion of this form are my responsibility. I also understand this form must be submitted to Accessibility Services at least two weeks prior to the date of required accommodation. Accommodations requested later than this may not be possible.

Student name: _____ Signature: _____

Student Number: _____ Program: _____ Date: _____

HEALTHCARE PRACTITIONER STATEMENT

I recommend that the above-named student receive the following academic and/or physical accommodations for their studies at Royal Roads University due to the following short term medical condition, illness or disability:

Medical condition permanent? Yes No Start Date: _____

End date (how long should this student receive academic accommodations?): _____

Time and a half for exams? Yes No

More time for individual assignments? Yes No Please note: guidelines for extensions vary by program.

Other comments: _____

If more robust academic accommodations are required, and if the student will apply for the government's disability grants, please complete appropriate long form.

HEALTHCARE PRACTITIONER IDENTIFICATION

Name: _____

Specialty/Occupation: _____

Signature: _____ Date: _____

Address: _____ Phone: _____