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

Please complete the following form in its entirety: Student Name: Student Address: **Condition/Diagnosis:** Note: for clarity, please use formal terminology for the diagnosis, avoiding colloquial terms. **Current Prognosis:** Summary of the functional limitations of the diagnosis and the impact of treatment and/or medication on educational functioning. Dates and/or length of time the student will be unable to attend classes: Information about the provider: Name and Clinic: Title/Credentials: Provider's Signature: Date:

To submit...

Once completed, the provider can submit via one of the following methods:

Fax: 507-389-1199 • Email: ar@mnsu.edu

Mail: Accessibility Resources 132 Memorial Library

Minnesota State University, Mankato

Mankato, MN 56001

It is imperative that we can verify the authenticity of this documentation from the provider. Digital documents **must be** faxed with the clinic/provider cover sheet, emailed from an official account, or be stamped/printed on official letterhead.

Documents without this authentication will be returned to you to provide it.