Verification of Allergy Form
Calvin College

Name: ____ Student ID: _____________

Address: ________________________________ City, State: ____________ Zip: ________

Phone: _____________________________ Calvin Email: _________________________

Student Release

I, _________________________, hereby authorize the exchange and release of the following confidential information to Residence Life, Food Services and, or Disability Services for the purpose of determining eligibility for on campus accommodations.

____

Student Signature Date

CERTIFYING PROFESSIONAL:

(Note: The certifying professional must specialize in the area of the condition and should not be a friend of the family or related to the student)

Name: ____
Specialty: __________________________________ Phone: _____________________
Address: ___________________________________City, State: ___________________
Zip Code: _____________ License/ Cert #, State: ____________________________
Signature: ______________________________________
Date of initial contact with student: ___________________
Date of last contact with student: ____________________

Current Diagnosis: (attach any further documents if needed)

____
____
____

Current Allergy Medications (name and frequency of use)

____
____
____

Please check any of the following which are true for your patient:
□ Allergies documented by skin testing or other diagnostic testing
□ Prior or current immunotherapy (allergy shots)

(cont'd)

Suggested accommodations Each recommended accommodation should include a detailed explanation of its relevance to the disability that is diagnosed. Evaluator also should indicate the level of impaired functioning at which the individual is currently functioning even with the benefits of treatment.

Specific accommodation requests

____
____
____
____

(Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.)

If you have any questions, please contact a Disability Coordinator at 616.526.6113.

Please return completed form to:

Center for Student Success
Attention: Disability Services
1820 Knollcrest Circle SE
Grand Rapids, MI 49546

Or

Fax: (616) 526-7066