

Form B Initial Request for Temporary Accommodation



APPALACHIAN

SCHOOL OF LAW

FORM B – TEMPORARY MEDICAL CONDITION

1169 Edgewater Drive, Grundy, Virginia 24614. Tel: 276-244-1291

Email: registrar@asl.edu

Student Information:

_____	_____	_____	_____
First Name	Middle Initial/Name	Last Name	Date of Birth

By signing this Form, I hereby authorize the release of the information requested on this Form, and I request that all additional information or supporting documentation be attached to this Form and returned to me for submission to ASL.

_____	_____
Student Signature	Date

The student named above has self-identified as a student with a temporary medical condition that requires accommodations. You have been identified as a qualified professional diagnosing and/or treating this temporary medical condition. You may choose to answer the questions on this Form or to attach a separate letter or report.

1. Please identify the student's temporary medical condition as well as the accommodation(s) recommended and the expected duration of this temporary medical condition.

2. Name, address, telephone number, degree(s), title/occupation/specialty, licensing entity, and licensing number of professional completing this Form.

3. Date you last saw/treated this student. _____

4. Expected duration of medical condition. _____

Signature of Qualified Professional

Date