

Documentation of Parenting Student Under Title IX

Stu	udent Information			
First Middle		 ⁄Iiddle	Last	
Program				Student ID Number
Me	edical Information (This section is to be com	nplete by a qu	ialified medica	ıl doctor or specialist)
1.	Patient's Full Name			
2.	Patient's relationship to student listed above			
3.	When was your last contact with the patient?			
	cle IX defines parenting to include situations ntinuing treatment of terminal illness, or de	_		n diagnosed with terminal illness,
4.	What is the diagnosis and prognosis?			
 Provide an estimated length of time the student will need adjustment(s) to their accare for the patient. 				(s) to their academic course work to
Pre	ovider Information			
N	lame (Please Print):			
Medical Specialty:			License #:	
Α	address:			
Phone:		Email:	Email:	
C	linician's Signature:			Date:

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