

## Documentation of Parenting Student Under Title IX

Stı	udent Information			
Fir:	rst	Middle		Last
Program				Student ID Number
M	edical Information (This section is to be cor	mplete by a qu	ıalified medica	l 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?			
	tle IX defines parenting to include situations on tinuing treatment of terminal illness, or de	•		n diagnosed with terminal illness,
4.	What is the diagnosis and prognosis?			
5.	5. Provide an estimated length of time the student will need adjustment(s) to their academic course we care for the patient.			
Pr	ovider Information			
N	lame (Please Print):			
Medical Specialty:			License #:	
Α	Address:			
Phone:		Email:	Email:	
С	Clinician's Signature:			Date:

Accommodation Services
Phone: 920.693.1120 (Nicole) | 711 (Wisconsin Relay)

Email: nicole.yang@gotoltc.edu Fax: 920.646.7262 Web: gotoltc.edu

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