

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: _____

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)

Student Name: _____

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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:

Student Academic Services
Attention: Disability Services
1845 Knollcrest Circle SE
Grand Rapids, MI 49546

Or

Fax: (616) 526-7066

Student Name: _____