



KELLOGG
COMMUNITY COLLEGE

450 North Avenue, Battle Creek, MI 49017-3397 PHONE 269 965 3931 WEB kellogg.edu

Date:

Dear Health Professional:

Student Name: _____ Birth Date: _____

The student named above is currently seeking academic accommodations from Kellogg Community College. The student has received in the past or currently receives services from your office related to a disability. In order to guide our conversations with the student in an effort to determine appropriate academic accommodations reasonable in a college setting, we are requesting the following information:

- **Date of birth** of student
- **Disability diagnosis** and **relevant diagnostic code**
- **Method of diagnosis** including examination results such as psychological, vision, hearing, or general medical testing
- **Limits of diagnosis** on one or more major life activities. Examples: digestive, circulatory, immune, seeing, hearing, breathing, learning, thinking, concentrating
- **Recommendations for specific accommodations** in a college setting that relate directly to the students functional limitations
- **Date** of diagnostic information is relevant to the student's current cognitive and physical functioning

Please provide this typewritten information on business letterhead. Send the information via fax to (269) 965-8850, email to css@kellogg.edu or by mail to Kellogg Community College, Center for Student Success, 450 North Avenue, Battle Creek, MI 49017.

If you have any questions or concerns regarding this request, please contact the Center for Student Success office at (269) 965-4150.

Sincerely,

Cindy Lingbeek

Cindy Lingbeek
Disability & Tutoring Coordinator
Center for Student Success

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