

Disability Support Services



University Campus
 College of Education Rm 135
 1500 University Dr. Billings, MT 59101
 (406) 657-2283
 FAX (406) 657-1658

City College
 Tech. Building, Rm 016A
 3803 Central Av. Billings, MT
 59102 (406)247-3029
 FAX (406) 247-3014

Face Mask/Covering Exemption Verification

The student named below has identified you as a licensed professional who is familiar with him/her. Please assist us by verifying his/her diagnosis (diagnoses). In addition, please tell us how the student's diagnosis may affect his/her ability to wear a face covering in an academic environment and any accommodations that you believe will assist the student.

Release of information, to be completed by the student (please print legibly in ink):

Student's Name: _____, _____, _____
Last First Middle Date of Birth

I authorize the release of information requested below to Disability Support Services at Montana State University Billings. (Your evaluator may have additional releases for you to sign.)

 Student's Release Signature

 Date

To be completed by a licensed/certified professional (Please use additional pages as needed)

Diagnosis	Primary	Secondary
	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Expected duration if temporary _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Expected duration if temporary _____
Date of Diagnoses	____/____/____	____/____/____
Date of Last Visit	____/____/____	____/____/____

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How does the student's diagnosis (diagnoses) substantially limit his/her ability to function in an academic environment? (Please use additional pages as needed)

Suggested accommodations:

Additional Comments:

I certify that I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of professional please print

Signature of professional

Date

Professional Credential _____ License/Certification # _____

Street Address _____ City _____ State _____ Zip _____

Please return this form as soon as possible so this student may receive accommodations. Please include the necessary verifying documents from your files.