Request for medical evidence

In order to assist our disabled students with their applications for support, in particular with access to the Disabled Student’s Allowance, we are requesting the following information:

Name of student: ___________________________ Date of Birth: ___________________________

Diagnosis: ____________________________________________

___________________________________________________________________________

Approximate length of time (months / years) that this diagnosis has been made: ___________________________

Substantial long-term impact on day-to-day activity (please tick)? □

Signature: ___________________________ Date: ___________________________

Name: ___________________________ Professional capacity: ___________________________

Institution: ____________________________

Please return the form to us:

Disability and Dyslexia Service
Room 2.06, Francis Bancroft Building
Queen Mary, University of London
Mile End Road
London
E1 4NS

Please call us on (020) 7882 2756 or email dds@qmul.ac.uk should you have any questions regarding this request.

Thank you.