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**Disability and Dyslexia Service**

Room 3.06 Francis Bancroft Building

Mile End Rd

London E1 4NS

Tel: 020 7882 2756

Email DDS

# 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, including studies (please tick)? □

Please give further relevant details (please continue separately, if required):

Signature: Date:

Name: Professional capacity:

Institution:

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

Please Stamp within this box: