



# FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Avenue Fairbanks, Alaska 99701-4756 (907) 452-2000  
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## Request for Medical Information for Section 504 Evaluation – Form 504 F

Date: \_\_\_\_\_

Health Care Provider/Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Health Care Provider:

The above named student has been referred for evaluation and consideration of eligibility for Section 504 accommodations due to physical or mental impairment. Please provide the following information and return to the person indicated below. If the person indicated is not the student's parent, a **Consent for Release of Information – Form 504 E** is attached. Thank you for your timely provision of this information.

1. Student's medical diagnosis \_\_\_\_\_

a. Is the disability/impairment temporary?  yes  no

b. If temporary, what is the anticipated duration? \_\_\_\_\_

2. Please check which major life activities, or identify which other bodily functions are affected:

Seeing  Reading  Learning

Hearing  Thinking  Walking

Speaking  Concentrating  Breathing

Caring for Oneself

Other: \_\_\_\_\_

Other Bodily Functions: \_\_\_\_\_

