

STUDENT SIGNED CONSENT FOR RELEASE OF INFORMATION
(Print or Type)

Name (Last, First, Middle): _____

Date of Birth: _____ 16 + (_____)

Status (check one): Current UNLV student
 Transfer student
 Prospective student

Local phone: (_____)- _____ - _____

Cell phone: (_____)- _____ - _____

UNLV E-Mail address: _____

Personal E-mail address: _____ (for non-admitted students)

I hereby authorize my Healthcare Provider to release information requested in this document and further authorize DRC to communicate with the named individual or agency identified below to obtain clarification as needed to determine my eligibility for disability services at UNLV. This authorization is valid for 6 months.

Student
Signature _____ Date: _____

Parent Signature
(If student is under 18): _____ Date: _____

DIAGNOSTIC INFORMATION
(Please Print Legibly or Type)

Please provide responses to the following items by typing or writing in a legible fashion. Illegible forms will delay the documentation review process for the student.

1. ADHD DSM-V diagnosis: _____ Associated Conditions _____

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2. In addition to DSM-V criteria, how did you arrive at your diagnosis?

Behavioral observations

Developmental history

Rating scales

Medical history

Structured or unstructured clinical interview with the student

Interviews with other persons

Neuropsychological testing (dates of testing) _____

(Please attach diagnostic report of testing) _____

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7. State the student's functional limitations based on the ADHD diagnosis, specifically in a classroom or educational setting.

8. Is the student taking medication(s) for his/her disability? Please indicate the medications currently used, dosages, effect on academic functioning, and side effects.

9. Do limitations/symptoms persist even with medications? Please describe.
