



300 Spirit River Dr. S.
Cambridge, MN 55008

11200 Mississippi Blvd. NE
Coon Rapids, MN 55433

Students: if you have cited medical or mental health issues as reason for a petition or appeal, it is necessary to provide a statement from your medical/mental health provider supporting your extenuating circumstances. It is not necessary to supply medical records. The provider information must be returned with your appeal.

MEDICAL VERIFICATION FORM

Student Name _____	Student/Tech ID _____
Last	First MI (Not your Star ID)
Address _____	
City _____	State _____ Zip _____
Phone # _____	Email _____

Provider: The student above is requesting supporting documentation for extenuating circumstances that have impacted their academic performance.

Provider Name: _____
Contact Information: (attach business card to form) _____
Provider Signature: _____

Medical/psychological condition (please provide a brief description (Medical records are not required.

Dates seen by the provider: _____ 1. In your professional opinion would the condition for which you have treated the student prevent a student from attending classes in a College setting? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. In your professional opinion would the condition for which you have treated the student prevented the completion of coursework in a College setting? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. In your professional opinion has treatment progressed to the point where the resumption of coursework and attendance is a reasonable expectation for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
