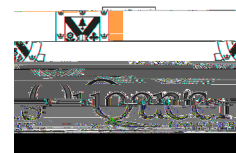


Queen's University  
Côté Sharp Wellness Centre, Mitchell Hall  
69 Union Street | Kingston, ON | K7L 3N6  
613-533-2506  
<https://www.queensu.ca/studentwellness/accessibility-services/>



Last Name: \_\_\_\_\_ Preferred/Given Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Queen's Net ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

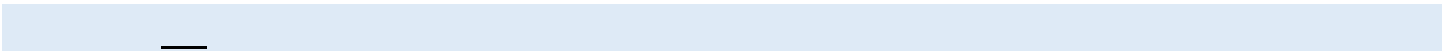
- Sharing your medical diagnosis is not required to receive accommodations.
- All information on this form will be kept strictly confidential, even if consent to share medical diagnosis is not provided.

Personal information is collected under the authority of the *Queen's University Royal Charter, 1841*, as amended, and will be used to provide disability-related services and accommodations for studies at university. Questions regarding the collection or use of this personal information should be directed to Manager, QSAS, 69 Union Street, Kingston, ON, K7L 3N6, (613) 533-2506, [qsas.intake@queensu.ca](mailto:qsas.intake@queensu.ca).

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_



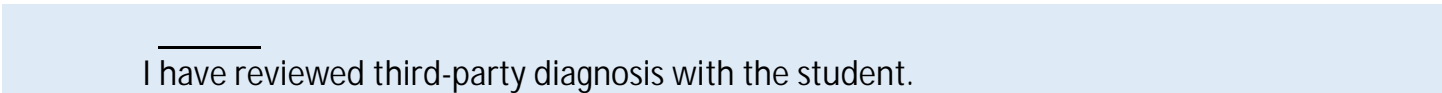
Queen's Student Accessibility Services (QSAS) adheres to the Ontario Human Rights Code, the AODA, as well as Queen's Academic Accommodations for Students with Disabilities Policy to guide the provision of academic accommodations that remove barriers for students with disabilities while also upholding essential academic requirements.



\_\_\_\_\_

\_\_\_\_\_

Family Physician	Psychologist	Nurse Practitioner
Psychiatrist	Other (indicate on line) _____	



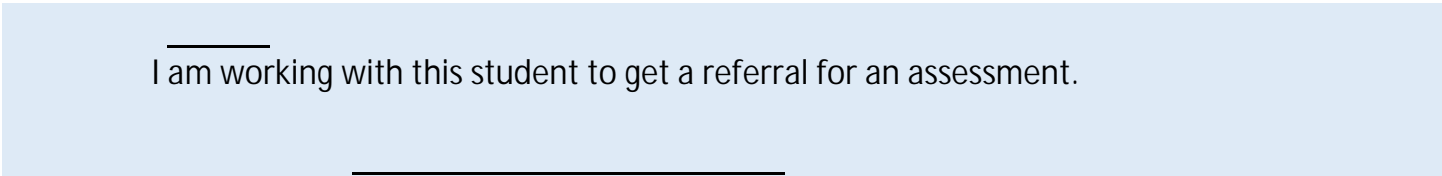
\_\_\_\_\_

I have reviewed third-party diagnosis with the student.

\_\_\_\_\_

Family Physician	Psychologist	Nurse Practitioner
Psychiatrist	Other (indicate on line) _____	

\_\_\_\_\_:



\_\_\_\_\_

I am working with this student to get a referral for an assessment.

\_\_\_\_\_



Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_



Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

(please print)	

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