

-services/

Queen's Verification of Mental Health Disability

Last Name: _____

DISCLOSURE & CONFIDENTIALITY

- x Sharing your medical diagnosis is not required to receive accommodations.
- x To recommend appropriate accommodations QSAS uses information about functional impacts (i.e., how your medical diagnosis might impact you at university).

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

Verification of Mental Health Disability

Student Name: _____ Student Number: _____

Verification of Mental Health Disability

Student Name: _____ Student Number: _____

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