

# Medical/Mental Health Form



## Student Section:

Name: \_\_\_\_\_ Student S# \_\_\_\_\_

FRCC Campus Location: \_\_\_\_\_ Affected semester(s) \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer Year(s) \_\_\_\_\_

*"I authorize my health care provider to complete and release information to Front Range Community College"*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Care Professional Section:

*(To be completed by a medical/mental health practitioner)*

Health Care Professional Name (please print) \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

License # and state issuing license \_\_\_\_\_

What dates did the student's condition prevented them from attending college/completing class work?

From \_\_\_\_\_ To \_\_\_\_\_

Did the student's condition negatively affect their academic performance and/or ability to pursue normal activities?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Has the student's condition improved enough to allow them to return to FRCC and successfully complete college-level coursework?

\_\_\_\_\_ Yes If yes, please indicate as of what date: \_\_\_\_\_

\_\_\_\_\_ No I do not recommend the student return to college at this time and should withdraw from  
all courses

Additional Comments:

Professional Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form to: Front Range Community College:**

### Larimer Campus

Welcome Center Desk  
4616 South Shields St. MA150  
Fort Collins, CO 80526

### Westminster Campus

Welcome Center Desk  
3645 W. 112<sup>th</sup> Ave. C0552  
Westminster, CO 80031

### Boulder County Campus

Welcome Center Desk  
2190 Miller Dr. A1304  
Longmont, CO 80501

### Online Learning

Boulder County Campus  
2121 Miller Drive C1614  
Longmont, CO 80501