

Health Concern Contact Request

Use this form to inform Health Services, Residence Life, and/or Disability Services that a student has requested to be contacted by that Office. Completed forms may be submitted to the department(s) involved as a scanned attachment or a hard copy.

Student Information

Student Name: _____

Student ID: _____ Phone _____

Student Email: _____

Campus Affiliation

Lincoln Traditional Program

ABE Program

Normal

Peoria

Oglesby

Lincoln

Routing Information

The student identified above has encountered a health concern/injury and requests to be contacted by:

- | | |
|---|--|
| <input type="checkbox"/> Health Services | nurse@lincolncollege.edu |
| <input type="checkbox"/> Office of Residence Life | gbrackenridge@lincolncollege.edu |
| <input type="checkbox"/> Office for Disability Services | ods@lincolncollege.edu |
| <input type="checkbox"/> Office of Academic Advising | jharnacke@lincolncollege.edu |

Injury/Health Concern

Nature of concern _____

Date of Injury or Onset: _____

Contact Request submitted by

Employee Name: _____

Employee Title: _____

Employee Phone: _____ Date: _____

Student Signature

My signature indicates that I request the individual listed above to communicate with the selected departments and to request that they contact me.

Signature: _____ Date: _____