**Student Support Services Statement**

**in support of a student’s claim for Mitigating Circumstances**

| **Student name** |  |
| --- | --- |
| **Student ID number** |  |
| **Date of assessment(s) deadline(s)**(being claimed against) |  |
| **Reason for claiming mitigating circumstances**(as cited, or to be cited, on mitigating circumstances claim) |  |

| **Name of service supporting the student** |  |
| --- | --- |
| **Service contact details** |  |

| Please use the space below to provide any applicable specific and time-related insight into the impact of the circumstances on the assessment(s), including any observations of behaviour or illness. |
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|  |
| Evidence relating to diagnosis of a physical, mental health condition or personal circumstances is held within Student Support case files:**□ YES □ NO***Please use the space below to provide any additional information as required, with consent from the student:* |
|  |
| **Based on the disclosed information held within Student Support Services, we confirm that this will have impacted on the student’s ability to complete their assessment(s), within the set deadline.** |
| Signature:  | Date:  |
| Print name:  | Job Title:  |

* This supporting evidence is purely based on the information held within Student Support Services and is not a medical diagnosis.
* This statement will serve as evidence in support of your Mitigating Circumstances claim and is not confirmation that your claim has been approved.
* A Mitigating Circumstances Expert has the final decision regarding your claim and the outcome will be communicated to you after submission of your claim and supporting evidence.