UNIVERSITY of MARY

STUDENT ACCESSIBILITY SERVICES
Request for Documentation

Medical Provider Please Complete

To qualify for disability accommodations at the University of Mary, a student must have a documented disability which substantially limits one or more major life activities as outlined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act as amended. This form must be completed by the diagnosing professional, who should not be a relative of the student. Student Accessibility Services will use your information to determine this student's eligibility for reasonable classroom accommodations at the University of Mary.

A diagnostic report or a letter on the professional's letterhead stating the diagnosis and describing the functional limitations of the disability can be substituted for the Request for Documentation.

Student's Name: **Date of Birth**:

Name and Credentials of Evaluator:

Date of Most Recent Evaluation:

Diagnosis (DSM or Medical):

Diagnostic methodology used and specific results:

Describe how this disability might limit the student functionally in the academic setting, in terms of how significantly the activity is affected by the disability, the frequency with which the activity is affected, and how pervasive the disability is in the performance of the activity.

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Describe current treatments or medications and their effectiveness in relation to the functional impact of the disability. Information about any significant side effects from the current treatment or medication and its effect on physical, perceptual, behavioral, and cognitive performance is helpful.

Describe expected progression or stability of the disability including expected changes over time, information on the cyclical or episodic nature of the disability and any known suspected environmental triggers.

List recommendations for accommodations, adaptive devices, assistive services, and/or compensatory strategies and explain how each minimizes or compensates for the functional limitations of this student's disability.

Attach any additional information that verifies the functional limitations of the disability.

I certify that the information submitted represents this student's **present level of functioning.**

___________________________ ___________________________

Signature and Credentials ***Print Name*** ***Date***

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Organization (or attach business card)

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Organization Address

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Organization Phone