

**DOCUMENTATION FORM**  
**ACCOMMODATION REQUEST (Pages 2-4 to be completed by treating professional)**

Student Affairs provides academic accommodations to students with disabilities that reflect a current substantial limitation to a major life activity. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis. All documentation is reviewed on a case-by-case basis.

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Diagnosis** \_\_\_\_\_

1. Please describe the diagnosis, symptoms for this diagnosis, severity of impairment, duration and expected long-term impact.
  
  
  
  
  
  
  
  
  
  
2. Please describe what assessment and evaluation procedure or process you used to make this diagnosis.
  
  
  
  
  
  
  
  
  
  
3. Please list the student's current treatment regimen, including any medications or psychotherapy currently being utilized by the student. If the student is on a medication, please provide the medication(s) name, dosage, frequency, and possible adverse side effects as they could relate to academic/professional performance.



**NOTE:** Student Affairs will not accept disability-related documentation from treatment professionals who are in any way related by blood, marriage or adoption to the student requesting services. In order to provide the appropriate analysis to documentation received, Student Affairs must be able to rely on treatment professionals with the highest capacity for objectivity.

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

Print name and title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*The information that you provide is maintained in Student Affairs according to the guidelines of the Family Educational Rights and Privacy Act (FERPA) and will become part of the student's permanent file at NEOMED.*

***Please allow 2 weeks from the submission of the request form for the review approval process.***

**Please submit this form electronically via Maxient:**

**[https://cm.maxient.com/reportingform.php?NEOMED&layout\\_id=3](https://cm.maxient.com/reportingform.php?NEOMED&layout_id=3)**

**Or email to: [accommodations@neomed.edu](mailto:accommodations@neomed.edu)**

**Direct questions about the accommodations**

**application process to: [accommodations@neomed.edu](mailto:accommodations@neomed.edu).**