



Medical Provider Please Complete

To qualify for temporary accommodations at the University of Mary, a student must have a documented condition or need 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 temporary 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 need or condition can be substituted for the Request for Documentation.

Student's Name:

Date of Birth:

Name and Credentials of Evaluator:

Date of Onset of Medical Condition:

Temporary Medical Condition:

Describe how this temporary condition or need might limit the student functionally in the academic or residence setting.

Describe current treatments or medications and their effectiveness in relation to the functional impact of the condition or need. 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 duration of the temporary condition or need.

List recommendations for accommodations, adaptive devices, assistive services, and/or compensatory strategies and explain how each minimizes or compensates for the functional limitations.

Attach any additional information that verifies the functional limitations.

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

Signature and Credentials

Print Name

Date

Organization (or attach business card)

Organization Address

Organization Phone