



Request for Information – Disability Documentation Form

Student's Name: _____

Transylvania University is committed to providing reasonable accommodations to students with disabilities. The ADA defines a disability as a “physical or mental impairment that substantially limits one or more major life activities”. Please assist us in determining whether the above-named student has a disability under the ADA, how the impairment affects the student in their current functioning as it related to various demands of higher education, and what reasonable accommodation(s) might mitigate the effects of the functional limitations of the diagnosed condition(s).

The following is to be completed by a licensed healthcare provider or therapist

Diagnosis (ICD-10 or DSM-5): _____

Level of Severity: _____

Date of diagnosis: _____

How was diagnosis determined: _____

Describe the professional relationship with this student. How long have you been working with this student?

Presenting symptoms and functional limitations in the educational and/or residential setting currently experienced by the student: _____

- Continued -

Restrictions, if any: _____

Possible recommendations, based on functional limitations, for accommodations that will mitigate effects:

Thank you for taking the time to complete this form and for sharing your professional expertise with us! Please attach additional information you believe to be relevant. Feel free to contact us for any questions you may have.

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Today's Date: _____

Return this information, marked confidential to:

Transylvania University
Attn: Accessibility Services
300 North Broadway, 238 Young Campus Center
Lexington, KY 40508
Phone: 859-233-8502 / Fax: 859-233-8797 / Email: accessibility@transy.edu