



Disability Documentation Form

The purpose of this form is to assist medical providers in documenting a student's disability information for determining academic adjustments or accommodations. This form must be completed and signed by the treating medical/clinical professional and returned to the Office of Disability Resources.

Please note: This form serves as one option (not the only option) for providing disability documentation. Please see the University's documentation guidelines if submitting alternative forms of documentation.

To be completed by the student:

Student Name:

ID Number:

Student Release of Medical Information

I authorize my physician or other professional treatment provider to release to the designated representative of the University of Rochester any and all information which shall be required with respect to my diagnosis, functional limitations, and/or duration of disability.

Student Signature

Date

To be completed by the provider (please type or print neatly):

1. What is the specific diagnosis/diagnoses?
 - a. What was the original date of diagnosis/diagnoses?
 - b. If temporary, what is the expected duration or recovery period?

2. What procedures or assessments were used to diagnose the condition? Attach copies of evaluations or test scores used to make the diagnosis, if relevant.

3. Describe the current symptoms of the condition and your on-going relationship regarding their treatment plan.

4. What is/are the current functional impact(s) of condition on academic or residential environment? Please include information on frequency, severity, and pervasiveness of these impacts.

5. Please provide any recommendations for accommodations or adjustments to mitigate environmental barriers and include a rationale for each based on the functional limitations stated in question 4.

Provider Signature: _____ Date: _____

Please type or print

Name:

Title/Credentials:

License #:

State:

Address:

Phone:

Please return this form to
Office of Disability Resources
University of Rochester
Taylor Hall
PO Box 270195
Rochester, NY 14627
fax: 585.276.2805
email: disability@rochester.edu