

Accessibility Services Office
Student Opportunity and Resource (SOAR) Center
Dickinson State University

291 Campus Drive, Dickinson, ND 58601

Phone: 701-502-4364 | Email: dsu.accessibility@dickinsonstate.edu | Fax: 701-483-2942

Request for Documentation

The person named below has requested accommodations and/or accessibility related services at Dickinson State University. In order for DSU to verify the disability, the individual must provide documentation of their disability.

The Accessibility Services Office will use the information you provide to determine whether this person is eligible for accommodations and/or accessibility related services while attending Dickinson State University. In addition, the functional information you provide will assist the Accessibility Services Office in identifying the appropriate accommodations for the individual.

Please refer to the Documentation Guidelines attached to this form for further information.

Student's Name:		Date of Birth:	
Diagnosis:			
Name and Title of Evaluator:		Date of Most Recent Evaluation:	
Credentials of Evaluator/Provider:			
Description of Diagnostic Methodology:			

Documentation must be current:

LD – within the last 5 years

ADHD – within the last 3 years

psychiatric disabilities – within 6 months

Describe the severity of the disability and the student's functional limitations in a major life activity.

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Will the functional limitations described above change over time? (please circle one)

Yes

No

If yes, please explain

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If appropriate, list the treatments, medications, assistive devices, accommodations or services currently or previously prescribed/in use and describe their impact or expected impact.

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Recommendations from professionals who have worked with this person provide valuable information we can use when determining the specific accommodations and/or accessibility-related services for this individual. Please share your professional opinion regarding accommodations your client may benefit from receiving.

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

Signature	Print Name and Title	Date

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Organization Name and Address