



CONFIDENTIAL

The University of Georgia Center for Continuing Education Documentation Request Form

(To be completed by a licensed certified medical professional with expertise in the specific disability)

The Americans with Disabilities Act (ADA) stipulates that postsecondary institutions are responsible for providing reasonable academic accommodations when a student discloses a disability. In an effort to provide appropriate accommodations for this student please complete all appropriate sections of this form as comprehensive documentation assists the Georgia Center in determining appropriate accommodations. This information is confidential under the Federal Educational Rights and Privacy Act (FERPA). If you have any questions, please contact us at (706) 542-3537.

Student Name: _____ **D.O.B.** _____

Current Diagnosis(es) with DSM5/ICD10: _____

Is this considered to be one of the underlying medical conditions that places them in the increased risk category of severe illnesses for COVID-19? _____

Diagnostic Criteria or Evaluation Method Used: _____

Expected Duration/ Prognosis of the Condition: _____

Identify all the major life activities affected, and symptoms experienced, due to the diagnosis and their possible impact within the academic environment:

Suggest academic accommodations and/or appropriate support services. Please include any accommodations related to COVID-19 needs:

Will diagnosis(es) impact course attendance and/or participation? If so, list recommended support:

List disability medications and side effects that may impact the student academically:

Provider Information

Name: _____ **Specialty:** _____

Title: _____ **Phone:** _____

Office Address:

License/Certification # and State of License:

Date of Last Service Provided to Student:

Signature:

Date:

Please attach any relevant information, such as psychoeducational evaluation, audiogram, visual acuity, or other pertinent test results that would be of benefit in determining appropriate accommodations.