**A close up of a logo

Description automatically generated with low confidence**

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**Documentation for Disability-Related Academic Accommodations**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The student above is requesting an academic accommodation for a disability. Elon University requires supporting documentation of the student’s disability from the student’s treating and licensed clinical professional or health care provider before Elon will consider and provide a reasonable accommodation. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities which may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

***Failure to complete this form in a timely manner may result in a delay or may prevent Elon from being able to grant the requested accommodation. This form should be completed by a licensed, clinical professional or health care provider. It is not to be completed by the student or a family member***.

***For further information on our full guidelines for disability documentation, please visit the website:*** [***Disabilities Resources***](https://www.elon.edu/u/academics/koenigsberger-learning-center/disabilities-resources/accessing-accommodations/)

***This form should be used for academic accommodation requests only. For housing requests please visit the website:*** [***Disabilities Resources Housing Request***](https://www.elon.edu/u/academics/koenigsberger-learning-center/disabilities-resources/useful-forms/)

1. Please provide a diagnosis and description of the student's disability for which an academic accommodation is being requested.
2. In detail, please describe the student’s functional limitations as a result of the disability.
3. When was the disability first diagnosed?
4. When was the student last seen by you for this disability?
5. What procedures and/or assessments were used to diagnose this student’s disability?
6. Please describe the specific academic accommodation being recommended and explain why the accommodation is suggested, based upon the student’s disability.
7. What is the anticipated duration of need for this academic accommodation?
8. Has this student been granted similar academic accommodations in the past? Please explain.

*I attest that I am a licensed, clinical professional or healthcare provider treating this student for their disability, and I completed the accommodation request form on behalf of the student I am treating.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affix a business card or apply a business stamp below. Documentation is not complete without this information.

Completed form should be forwarded to:

Disabilities Resources

Elon University

2251 Campus Box

Elon, NC 27244

Fax: 336.278.6514 | Email: disabilities@elon.edu

**Disabilities Resources |** [**disabilities@elon.edu**](mailto:disabilities@elon.edu) **| 336.278.6568 | Belk Library | 308 North O’Kelly Avenue**