



Request for Information: Documentation of a Medical or Psychological Condition

Student's Name: _____

Student ID (G) Number: _____

Georgetown College 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 and as it relates to various demands of higher education, and what reasonable accommodation(s) might mitigate the effects of the functional limitations of the diagnosed condition.

The following is to be completed by a licensed healthcare provider

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

Level of Severity: _____

Date of diagnosis: _____

Does the condition substantially limit one or more major life activities? **Y** **N**

If yes, describe the impaired major life activities: _____

Presenting symptoms and functional limitations in the educational and/or residential setting: _____

Potential impact of the condition, required medical or assistive devices, services, medication and/or side effects, if any: _____

- Continued -

Restrictions, if any: _____

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

Please attach any additional information that you believe to be relevant. Feel free to contact us for any questions you may have. Thank you!

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Today's Date: _____

Return this information, marked confidential to:

Georgetown College
Disability Services
1st Floor Highbaugh
Georgetown, KY 40324
Phone: 502-863-7073
Fax: 502-868-8882
Email: accommodations@georgetowncollege.edu