Office of Disability Services
The University of North Carolina at Charlotte
9201 University City Boulevard, Charlotte, N.C. 28223-0001

Disability Documentation Form

Student Name: ___________________________________________ Student ID: __________________________

(Last) (First) (MI)

IMPORTANT: The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) define a disability as a physical or mental impairment that substantially limits one or more major life activities. Thorough completion of this form is necessary for Disability Services to determine eligibility for accommodations. Insufficient information may result in delays or ineligibility. Complete one documentation form for each diagnosis or condition. Please note the following information:

• Any record provided to Disability Services becomes part of the student’s “education record” pursuant to the Family Educational Rights and Privacy Act (FERPA). Under the privacy protections and access provisions of FERPA, the student has the right to inspect his or her own education records if requested.

• A learning disability diagnosis must be accompanied by a current, appropriate psycho-educational evaluation, including the diagnostic test scores.

• Visual or hearing loss documentation must include an acuity and/or audiology report that addresses the current impact of the disability, as well as information about the specific assistive technology used by the student.

• Housing or dietary accommodations also require completion of the Housing and Meal Plan Addendum form.

TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING PROFESSIONAL

Date of birth: __________________________________________

DSM-V or ICD diagnosis: __________________________________________

Date of initial diagnosis: ______________ Date of most recent office visit: ______________

Does this disorder substantially limit the student? □ Yes □ No

Attach any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, audiology reports, vision reports, etc. □ Supporting documentation attached

Describe the student’s condition, symptoms, and the impact on life activities, including academics:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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____________________________________________________________________________

____________________________________________________________________________

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Treatments, medications, assistive devices/services currently prescribed or in use:
________________________________________________________________________
________________________________________________________________________
Will medication adversely impact this student, if so how?
________________________________________________________________________
________________________________________________________________________
Expected duration of the impact of the disability:
☐ Temporary - Indicate anticipated recovery date: ____________________________
☐ Permanent
☐ Chronic
☐ Episodic/Recurring

Expected progression or stability of the impact of the disability:
________________________________________________________________________

Recommended accommodations related to disability, including those used in the past:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name of Diagnostician/Professional: __________________________________________

Signature: _______________________________ Date: __________________________
License #: _______________________________
Organization: ________________________________ Phone #: ______________________

Please attach a copy of your business card and submit the accompanying report to:

Office of Disability Services
The University of North Carolina at Charlotte
Fretwell 230 | 9201 University City Boulevard
Charlotte, NC 28223-0001
Email: disability@uncc.edu
Fax: (704) 687-1395 | Voice/TDD: (704) 687-0040