

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

Disability Documentation Form

PLEASE READ: The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) define 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 a disabling condition that may require accommodation. Incomplete information may result in delays.

- 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, students have the right to inspect their 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 impairment documentation must include an acuity and/or an audiology report that addresses the current impact and the specific assistive technology used by the student.
- Students requesting housing or dietary accommodation consideration, use the *Housing or Dining Accommodations Request Form*. Forms can be found on our website at <https://ds.charlotte.edu/students/documentation-2/>

Student Section (To Be Completed by the Student)

Student Name: _____

Student ID: _____ Date of Birth: _____

Student's University email address: _____

**Not including your student ID number, email address, and date of birth may delay the process*

Student Consent for Release of Information

Disability Services staff may contact my treating provider to verify the information submitted for my request and an exchange of information may need to take place. I give my permission for such communication as necessary with my treating provider named below.

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

I authorize the Office of Disability Services to receive information regarding my disability relative to my accommodation request(s) from my treating provider.

Student Signature: _____

Date: _____

Student Name: _____ Date of birth: _____

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Treating Healthcare Provider Section (To Be Completed by Treating Provider)

DSM or ICD diagnosis: _____

Date of initial diagnosis: _____ **Date of most recent office visit:** _____

How long and in what capacity have you worked with the student?

Describe the condition specific to this student, their current symptoms, and their current level of severity:

Based on their specific diagnosis and presenting symptoms, what is the impact on the student's functioning day-to-day (for example, difficulty with seeing, hearing, mobility, communication, cognition/learning, and/or self-care)?

How would you describe the impact of the diagnosis on the student's academic functioning (test taking, reading, attendance, processing information, etc.)? For example, why is more time for exams needed given the student's diagnosis?

Student Name: _____ Date of birth: _____

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Expected duration of the impact of the disability:

☐ Permanent ☐ Chronic ☐ Episodic/Recurring

☐ Temporary - Indicate anticipated recovery date: _____

Expected condition progression or stability:

What episodic flares or exacerbations exist with this condition? What is the frequency and duration of the flares?

Please attach any supporting documentation: audiology reports, vision reports, etc.

Required Provider Information: To Be Completed by Provider

I agree that the information provided above is accurate to the best of my knowledge. Any accommodation recommendations do not guarantee the student those recommendations, and that reasonable accommodations will be determined by the University's Office of Disability Services.

Name and Credentials of Provider: _____

License #: _____

Organization: _____ Phone #: _____

Signature: _____ Date: _____

Use your stamp in the space below or attach a copy of your business card and FAX (704-687-1395) the form to:

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