To the Diagnosing Professional: The student named below has applied for services from Student Access at The University of Tulsa. The University of Tulsa provides academic services and accommodations to students with disabilities. Students seeking services must provide appropriate medical documentation of their condition so that The University of Tulsa can determine the student’s eligibility for accommodations. Then, if the student is eligible, The University will decide on the appropriate academic accommodations.

The Americans with Disabilities Act and Amendments (ADA-AA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the student’s condition and its severity includes completion of this form or provision of equivalent information to Student Access by a professional with the appropriate training and credentials. Depending on the student’s condition, the appropriate professional should be a licensed psychiatrist, psychologist, medical doctor, licensed counselor, or other qualified and licensed health professional. Any professional completing this form must have first-hand knowledge of the student’s condition, experience in working with college students with disabilities and a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Documentation should include information that describes the condition, the functional difficulties and limitations for an educational setting, and offers recommendations for accommodation. Diagnoses of disabilities documented by family members are unacceptable. For additional information regarding documentation guidelines, refer to the Educational Testing Services (ETS) guidelines at www.ets.org.

For the Student: Complete this section:

First Name ___________________ Last Name ___________________ TU Student ID # ___________________

By my signature below, I request that my health care provider provide information about my disability and functional limitations to the University of Tulsa’s Student Access office:

Signature of Student requesting release of information to the University of Tulsa

For the Certifying Professional: Complete this and all subsequent sections:

Today’s Date: _________________ (Please attach your business card)

Printed Name: ___________________ Title: ___________________

Signature: ___________________

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document. By my signature I affirm that all statements and documents that I am submitting in support of a request for reasonable accommodation are true and correct. I understand that falsifying or misrepresenting facts or information may result in violation of professional standards or the law.
License Type: ________________________________________________

License Number: _____________________________    State: _______  Exp. Date: ______________

Mailing Address: _____________________________________   City/State/Zip: _______________________

Phone: (_______) ____________   Fax: (_______) _____________  Email: __________________________

**Diagnostic Information**

**Diagnosis(es):**

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**Date of student’s last appointment with you:** ______________

**How often do you see the student for care? (circle):** weekly  monthly  twice monthly  annually  as needed

**Diagnostic Tools**

How did you arrive at your diagnosis/diagnoses? Please circle any relevant items below:

- Interviews with the student
- Behavioral observations
- Interviews with other persons
- Interviewer-rated scales
- Self-rated scales
- Medical history
- Developmental history

Diagnostic testing (specify tests administered; attach results):

____________________________________________________________________________________
____________________________________________________________________________________

Psychological testing (specify tests administered; attach results):

____________________________________________________________________________________
____________________________________________________________________________________

Neuro-psychological testing (specify tests administered; attach results): __________________________
Other (describe): ________________________________________________________________

**Medication/Treatment/Prescribed Aids**

1. What medication, treatment, and/or prescribed aids are currently being used for the diagnoses above?

2. Describe any medication side-effects that may adversely affect the student’s academic performance.

3. Describe any other relevant aspects of this condition that may impact educational or interpersonal behavior and achievement (functional limitations).

4. What recommendations do you make regarding effective academic accommodations to equalize this student’s educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, course requirements, transportation or adjustment of the classroom physical environment.)

In addition to the diagnostic report/testing, please attach any other information relevant to this student’s academic adjustment that will aid in making appropriate decisions about accommodations.

Please return completed form to Student Access (contact info page 1): ATTN: Dave Kobel, Director.