

Disability Services Office
Student Opportunity and Resource (SOAR) Center
Dickinson State University
 291 Campus Drive, Dickinson, ND 58601
 701-483-2101 ~ dsu.disability@dickinsonstate.edu

Request for Documentation

The person named below has requested accommodations and/or disability related services at Dickinson State University. In order for DSU to verify the disability, the individual must provide documentation of their disability.

The Disability Services Office will use the information you provide to determine whether this person is eligible for accommodations and/or disability related services while attending Dickinson State University. In addition, the functional information you provide will assist the Disability Services Office in identifying the appropriate accommodations for this individual.

Please refer to the Documentation Guidelines attached to this form for further information.

Students Name:		Date of Birth	
Diagnosis			
Name and Title of Evaluator		Date of Most Recent Evaluation	
Credentials of Evaluator/Provider			
Description of Diagnostic Methodology			

Documentation Must Be Current:

LD—within the last 5 years ADHD—within 3 years psychiatric disabilities—within 6 months

Describe the severity of the disability and the student's functional limitations in an major life activity.

Will the functional limitations described above change over time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain		

If appropriate, list the treatments, medications, assistive devices, accommodations or services currently or previously prescribed/in use and describe their impact or expected impact.

Recommendations from professionals who have worked with this person provide valuable information we can use when determining the specific accommodations and/or disability-related services for this individual. Please share your professional opinion regarding accommodations your client may benefit from receiving.

I certify that the information submitted represents this person's present level of functioning.		
Signature	Print Name and Title	Date
Organization Name and Address		