



Office of Accessibility Services
Student Support Center, Mercy Hall
Phone: (518) 861-2583; Fax: (518) 730-9628
accessibilityservices@mariacollege.edu

Supporting Documentation Form

The student named below is requesting accommodations and services from the Office of Accessibility Services that require a diagnosis. As the medical provider for this student, we appreciate your assistance providing this information. This form may be scanned to accessibilityservices@mariacollege.edu, faxed to 518-730-9628 or returned to us by the student.

Student Name: _____ Date of Birth: _____

Diagnosis: _____

How does the student's disability limit major life functioning? (e.g., caring for oneself, performing manual tasks, waking, seeing, hearing, breathing, speaking, learning and working)

Current treatment (including medications, therapy, etc., related to diagnosis): _____

Prognosis (if the disability is temporary, please indicate when recovery is expected):

Is the student able to attend college at this time? _____

Recommended accommodations: _____

Provider Signature

Date

Print Provider Name

License Number