



To consider this student's request for an academic accommodation due to disability, Rollins requires documentation by a licensed health care provider who is **qualified to diagnose the disability**. Please complete all sections of this form. If you have any questions, please the Office of Accessibility Services (at [access@rollins.edu](mailto:access@rollins.edu)).

**Student Name:**

**Current Diagnosis:**

**Describe the diagnostic criteria or test used:**

**Identify how long the student has been under your care for the condition:**

**State the expected duration of the condition:**

**Identify all major life activities affected by the diagnosis and describe the severity of the student's functional limitations resulting from the disability:**

**Provide suggested accommodations and state in what way the requested accommodations will serve to create an equitable educational experience for the student:**

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**This section must be completed for this form to be valid:**

**Name:**

**Title:**

**Speciality:**

**Office Address:**

**Phone:**

**License/Certification # and State of License:**

**Signature:**

**Date:**