



Office of Student Affairs
Physical and Systemic (Medical) Disability Documentation Request
Form

This form must contain **all** of the requested information and be typed or printed in order for students to apply for accommodations through the Office of Student Affairs.

Student's Name: _____

Address: _____

City and State: _____

Phone Number: _____

Date of Birth: _____ Student Identification Number: _____

This student is requesting academic accommodations from Franciscan Missionaries of Our Lady University, Student Affairs, due to a Physical Disability. Current and comprehensive documentation of the disability from a **Qualified Professional** is required. A qualified professional includes all appropriately licensed professionals

In order to be considered current, an evaluation must be performed within 3 years prior to the student's request for accommodation(s).

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, and indicates the severity and longevity of the disability, and must include a list of current medications along with any side-effects that may impact academic performance.

1. Diagnosis: _____

2. Please describe the symptoms of the physical disability:

3. Date of Diagnosis: _____

NOTE: If the problems associated with the condition are temporary, how long will the problems last?

a. Provide a summary of the student's educational, medical, and family history that relates to their physical or systemic disability (difficulties must be related to

we will be unable to disseminate copies to anyone. ALL DOCUMENTATION IS
CONFIDENTIAL!

RETURN THIS FORM TO:

ATTN: Associate Dean, Student Affairs
Franciscan Missionaries of Our Lady University
5414 Brittany Drive
Baton Rouge, LA 70808
225-490-1620
Fax 225-765-9282