



## REASONABLE ACCOMMODATIONS REQUEST PHYSICAL IMPAIRMENT VERIFICATION

This form and accompanying documentation must be completed by the student's diagnosing or treating physician or a licensed professional with specific expertise in the field related to the student's physical disability or medical impairment. To ensure provision of appropriate and reasonable accommodations, Concordia University School of Law requires students to provide current (within 5 years) and comprehensive documentation of a physical disability or medical impairment. The documentation should include testing and a complete history indicating the onset date, symptoms, severity, limitations to functional activities, and current treatment regime. The treating physician, or licensed professional, must be specific about any recommendations for reasonable accommodations and include his or her credentials. The Americans with Disabilities Act defines a disability as a physical or mental impairment that *substantially* limits one or more major life activities. *To properly evaluate eligibility and identify appropriate accommodations, this form must be fully completed by the diagnosing and/or treating professional.*

### CONSENT FOR RELEASE OF INFORMATION: (To be completed by STUDENT)

I, \_\_\_\_\_, authorize the release of the following information to Concordia University School of Law to be used to determine my eligibility for accommodations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### TO BE COMPLETED BY THE STUDENT'S DIAGNOSING OR TREATING PROFESSIONAL: [Must be a Current (within 5 years) and Comprehensive Documentation of Physical Disability or Medical Impairment]

1. Primary Diagnosis:

\_\_\_\_\_

2. Date of last office visit: \_\_\_\_\_

3. Date of original diagnosis: \_\_\_\_\_

4. What is the expected duration of this condition? \_\_\_\_\_

5. Does this condition substantially limit the student in a major life activity? YES NO

6. List the major life activities that are limited:

\_\_\_\_\_  
\_\_\_\_\_

7. How does the applicant's disability currently present itself?

\_\_\_\_\_



8. Identify how this diagnosis may affect the student in a law school academic environment:

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9. List current medication(s), dosage, and frequency used to treat the disability:

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10. Identify how the medication might adversely impact the student in a law school academic setting:

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11. What classroom and/or testing accommodations do you recommend that would assist this student in a law school academic setting? Please be specific:

_____	_____
(Functional Limitation)	(Recommendation)
_____	_____
(Functional Limitation)	(Recommendation)
_____	_____
(Functional Limitation)	(Recommendation)

*Please attach any additional recommendations on a separate page.*

12. Required Attachments:

- Type and results of any Tests completed related to the symptoms, severity, limitations to functional activities
- Copy of treating professional's business card
- Any addition items necessary to bring this form to a current (within 5 years) and comprehensive documentation of physical disability or medical impairment.

13. Printed name and credentials of diagnosing or treating professional: **(DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE TREATING OR DIAGNOSING PROFESSIONAL WILL NOT BE ACCEPTED.)**

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Area of Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Submit request and attachments to Student Affairs at Concordia University School of Law.***