

Barry University

Date	
Name of Student/Patient	

Dear Healthcare Provider,

The above named student is requesting academic accommodations on the basis of a physical condition. In order to accommodate the student's request, we require documentation from you. You may write a letter, simply complete this form, or both.

Date of last contact with the student and frequency of your appointments.	
A diagnostic statement of the student's medical diagnosis.	
A description of present symptoms	
What is the current severity of the condition?	
A statement of the current impact the physical condition has on the student's functioning, especially in terms of meeting the educational demands of a postsecondary environment.	
Specific accommodations you recommend for the student, <i>along with a rationale</i> for why these accommodations are warranted based on the student's functional limitations	
Your Name, Credentials, LICENSE NUMBER, and Signature	

Office of Accessibility Services
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