



New Mexico State University
Diagnosis Verification For Academic Accommodation Requests

Select Campus: NMSU (Main) NMSU (Global) DACC Alamogordo Grants

NOTE: To be completed by the physician, psychologist, diagnostician, or other licensed/clinical practitioner.

Student Name: _____ Aggie ID: _____

The above-named student has informed New Mexico State University (NMSU) that their disability/impairment prevents them from performing the essential academic functions and/or attending classes regularly unless accommodation(s) are provided. We are requesting sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a **psychologist, psychiatrist or educational diagnostician**; 2) for hearing disability, a current audiogram from an ENT or audiologist is required; 3) for a psychological disability, a diagnosis based on a current DSM-5 from a psychologist/psychiatrist will be required; and 4) For a physical disability, a diagnosis should include a current ICD code from a licensed physician. Recommendations for accommodation(s) include a multi-faceted process that includes physician/provider input, student input, and reasonable access.

Provide an ICD code diagnosis and clinical name of the condition with a brief description of the disability or impairment and how it affects areas of daily living:

Condition: Permanent Temporary until _____ Severity: Mild Moderate Severe Partial remission

Date of first visit for designated condition: _____ Date of last visit: _____ Type of Visit: In Person Virtual (Online)

How many total visits have you seen or consulted with student for designated condition: _____

Can the student perform essential academic functions: Yes No If no, explain: _____

What specific major life activities or physical barriers does this condition present that requires accommodation?

Are there any side effects from medication that might affect academic performance? If yes explain:

Class attendance is frequently an essential academic function. Does the condition affect the student's ability to attend class? If yes explain:

Additional Comments? Please note that these are considerations for DAS and not mandatory requirements to follow.

For what length of time do you suggest reasonable accommodation(s) be provided in terms of academic year(s)? _____

Certifying Clinician/Licensed Practitioner: (This section must be completed by physician, clinician, or practitioner)

Practitioner's Signature: _____ Date: _____

Print Name & Title: _____ State & License number: _____

Agency Name: _____

Address: _____ Email: _____

Phone Number: _____ Fax Number: _____