



New Mexico State University
Diagnosis Verification For Academic Accommodation Requests

Select Campus _____

NOTE: To be completed by the physician, psychologist, diagnostician, or other licensed 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 request receiving 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-V from a psychologist/psychiatrist will be required; and 4) For a physical disability, a diagnosis according to the current ICD from a physician will be required. Recommendations for accommodation(s) are helpful and will be given due consideration.

Provide a diagnosis of the condition or a brief description of the disability or impairment:

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

When did you first see the student for the condition: _____ Date of last visit: _____

Can the student perform essential academic functions: [] Yes [] No Explain: _____

Can student perform essential academic functions without threat to health/safety of: Self: [] Yes [] No Others: [] Yes [] No If no, explain: _____

What specific major life activities or bodily functions does this condition present that require 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 classes? If yes explain:

What academic accommodation(s) do you suggest for this student?

For what period of time do you suggest the reasonable accommodation(s) be made?

Certifying Clinician/Licensed Practitioner:

Practitioner's Signature: _____ Date: _____

Print Name/Title: _____ License number: _____

Agency Name: _____

Address: _____ Email: _____

Phone Number: _____ Fax Number: _____