



Office for Students with Disabilities Request for Services & Academic Accommodations, Part III

Part III: Medical Information, for Licensed Medical Professional to Complete & Return to < OSWD@gallaudet.edu >.

Student's Name		Date of Last Contact	
Diagnosis		Date of Diagnosis	
Presenting symptoms & impacts of the disability?			
What instruments or procedures were used to diagnosis this disability?			
Does the student take medication for this disability? Side effects?			
How does the disability affect the student's academic performance?			
What accommodations would you suggest, and why?			

Signature		Date	
Name & Title		License #	
Office or Agency Name / Full Address & Phone			
<p><i>Please attach any additional information that will help us understand the student's disability-related academic needs. Our office may contact you to confirm or clarify information provided.</i></p>			