



## Office of Student Affairs Psychological Disability Documentation Request Form

This form must contain **all** of the requested information and be typed or printed in order for student's to apply for accommodations through the Office of Student Services.

Student's Name: \_\_\_\_\_

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

City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Identification Number: \_\_\_\_\_

This student is requesting academic accommodations from Franciscan Missionaries of Our Lady University, Student Services, due to a Psychological Disability. Current and comprehensive documentation of the disability from a **Qualified Professional** is required. A qualified professional includes all appropriately licensed professionals

The documentation provided must include information that diagnoses a psychological disability, describes the functional limitations in an educational setting, and indicates the severity and longevity of the disability and a list of current medications and list any side-effects that may impact academic performance.

1. Diagnosis(as designated by the DSM-5:  
\_\_\_\_\_
2. Date of Diagnosis: \_\_\_\_\_
3. Provide a summary of the student's educational, medical, and family history that relates to the psychological disability (must demonstrate that difficulties are directly related to diagnosed disability, and are not the result of other conditions, cultural differences or insufficient instruction):
4. Describe the student's functional limitations in an educational setting:

5. List **current medications** along with any **current side-effects** that may impact academic performance:
6. Please indicate the **Recommendations** you have, regarding reasonable academic accommodations or services to equalize the student's educational opportunities at Franciscan University. **Please check all that apply:**
- Extended time (1.5X)
  - Distraction reduced environment
  - Other

Qualified Professional's Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Note:** Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone. ALL DOCUMENTATION IS CONFIDENTIAL!

**RETURN THIS FORM TO:**

**Associate Dean, Student Services**  
**Franciscan Missionaries of Our Lady University**  
5414 Brittany Drive  
Baton Rouge, LA 70808  
225-490-1620  
Fax 225-765-9282