

Doheny Campus
T 213-477-2690
10 Chester Place
Los Angeles, CA 90007



Chalon Campus
T 310-954-4144
12001 Chalon Road
Los Angeles, CA 90049

DISABILITY SERVICES DOCUMENTATION REQUEST

STUDENT NAME: _____ DOB: _____

I am requesting accommodations and academic support services through Disability Services at Mount Saint Mary's University. MSMU requires current and comprehensive documentation of my disability/medical condition. Please respond to the following questions as soon as possible and return this form to me so that I may return it to the appropriate campus office.

Physician/provider name (print): _____ Title: _____

Phone: _____ Fax: _____

Organization & address: _____

This form must be completed by the Medical/ Mental Health Professional listed above.

Diagnosis(es)/ DSM Codes: _____ Diagnosis date: _____

Level of Severity: Mild Moderate Severe

Duration: Permanent Chronic/recurring (Likely to last the duration of college attendance)

Temporary: Date disability will end: _____ (Accommodations not necessary after this date)

What assessments/instruments were used to determine diagnosis? _____

What treatment and/or medications are currently being used? _____

What are the functional limitations or symptoms (due to disability or medication side effects)? _____

What accommodations are appropriate to compensate for the limiting functions mentioned above?

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.

Physician/Therapist Signature

License #

Date