

Documentation from Medical Professional

(_____) is a student at Hampshire College requesting disability related accommodation and services. In order to determine eligibility for services students must provide current, comprehensive documentation that verifies the diagnosis(es) and describes the impact on major life activities such as seeing, learning, hearing, mobility, breathing and care for one's self.

This form is to be completed by a licensed medical/psychological professional for example neuropsychological evaluations for specific learning disabilities, letter from MD regarding medical conditions, audiological report for Deaf or Hard of Hearing, vision acuity report from eye professional for blind and visually impaired. Diagnosis from mental clinician regarding psychological disabilities. **(Return form to address above)**

1. Diagnosis(es) (Please include DSM 5 diagnosis if for a psychiatric disability)

Level of Severity: Mild Moderate Severe

2. Date of Diagnosis(es) _____

Describe symptoms that meet criteria for the diagnosis(es)

Name, Title (please print) _____

License number _____ Date _____

Phone _____ Address _____

Signature _____ Date _____

Please attach business card