

PETITION FOR ACCOMMODATION FORM
(FOR STUDENTS WITH DISABILITIES)

Section 1 To Be Completed By Student

Student Name _____ Banner ID Number _____
(_____) _____
Current Address _____ Phone Number _____
Referred by: Self Other _____
City _____ State _____ Zip Code _____
E-Mail Address _____

I do or will receive services from other agencies (DVR, VA, etc)
Identify _____

I request the following reasonable accommodation(s) in order to perform the essential academic functions of a student at NMSU:

AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING DISABILITY ACCOMMODATION(S):

I hereby authorize _____ (Physician, Psychologist, Psychiatrist, Educational Diagnostician, Other) to release any information requested on this form. By signing this form, I understand that once this petition has been processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I certify, under penalty of University disciplinary action, that I have not misrepresented my condition, and that I fully understand that this petition is based on the University's requirements for documentation of the need for services that I am requesting.

I understand that New Mexico State University has no obligation to provide services until appropriate documentation has been received by the SAS Office. Should documentation not be received within thirty (30) days of receiving temporary services from the SAS Office, accommodation services may be discontinued (unless there are extenuating circumstances). I hereby authorize New Mexico State University officials (i.e., SAS, Counseling, Student Health Services, OIE, NMSU General Counsel, Vice President for Student Services, Executive Vice President/Provost, etc.) to verify, discuss, transmit, or release on a "need to know basis" the contents of this petition with my physician, psychologist, diagnostician, practitioner, and/or other authorized University personnel. This document will be treated as a confidential medical record for purposes of confidentiality.

Student Signature _____ Date _____

Section 2 To Be Completed By the Physician, Diagnostician or other Practitioner

(Please refer to Section 1 for authorization to release the following information)

TO THE PHYSICIAN, PSYCHOLOGIST, AUDIOLOGIST, DIAGNOSTICIAN, OR PRACTITIONER: The student has informed New Mexico State University that his/her condition has prevented or will prevent him/her from performing essential academic functions and/or attending classes regularly unless accommodations are provided. We would appreciate receiving sufficient information in order to determine appropriate accommodations in accordance with state and federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a psychologist or psychiatrist or educational diagnostician; 2) for a hearing disability, a current Audiogram from an ENT or Audiologist is required; 3) for a psychological disability, a diagnosis based on a current **DSM** 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 accommodations are helpful and will be given due consideration.

1. Please provide a diagnosis of condition or brief description of disability. _____
2. Prognosis: The condition is: Permanent Temporary; how long: _____ Subject to change? Yes No
3. Is condition: Under Control Not Under Control
4. When was the student first seen by you for this condition? _____
5. Can the student perform essential academic functions without threat to health/safety of
Self Yes No Others: Yes No
If no, please explain: _____
6. What specific functional (major life activity(ies)) limitations does this condition present that require accommodations? _____
7. What academic accommodation do you suggest for this student? _____
8. Are there any side effects from medication which might affect academic performance? Yes No
If yes, please describe: _____
9. Class attendance is frequently an essential academic function. Does the condition affect the student's class attendance? Yes No
If yes, please explain how _____
10. For what period of time do you recommend reasonable accommodation(s) be made? _____

I hereby certify that the information provided above is true and correct to the best of my knowledge.

RETURN FORM TO:

New Mexico State University
Student Accessibility Services
P. O. Box 30001, Dept. 4149
Las Cruces, NM 88003-8001
Telephone: (575) 646-6840
Fax: (575) 646-5222
TTY: (575) 646-1918

Practitioner's Signature _____ Date _____
Print Name _____ Degree/Specialty License # _____
Street _____ Telephone _____
City _____ State _____ Zip _____