



Academic Accommodation Request Form

(To be completed by a treatment provider. This form is offered as a guide. DRS will review all formats of documentation submitted.)

Disability Resources and Services
Office of Institutional Engagement
and Wellbeing

140 William Pitt Union
3959 Fifth Avenue
Pittsburgh, PA 15260
Phone: 412-648-7890
Fax: 412-624-3346
drsrecep@pitt.edu
www.drs.pitt.edu

Directions for Treatment Provider:

- Complete all parts of form for academic accommodation requests. This form is offered as a guide. DRS will review all formats of documentation submitted.
- Include relevant assessments that describe the current impact of the student's condition
- Return the Academic Accommodation Request form or alternate documentation to the student or directly to Disability Resources and Services

Student Name:

Date of Birth:

Student Status: **Incoming First Year** **Transfer** **Upper-class**

1. Specific diagnosis/diagnoses. Include DSM-5 or ICD 10 diagnostic code.
2. Date of diagnosis:
3. Date of most recent evaluation:
4. Procedures/assessments used to diagnose this condition **(Attach copies of any evaluations used to make/confirm diagnosis.)**
5. Current impact of condition or the impact of the condition when active:
6. Prescribed treatment and/or medications:

7. Description of the current functional impact of the condition in the academic environment. Please be sure to connect the diagnosis to the functional impact.

THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID

Treatment Provider who completed this Form:

Name (Please Print):

Credentials:

License or Certification Number:

Phone:

Signature:

Date:

Submit completed documentation either directly to your patient or to DRS office:

Disability Resources and Services | 140 William Pitt Union | Pittsburgh, Pennsylvania 15260
drsrecep@pitt.edu | Phone: 412-648-7890 | Fax: 412-624-3346