



# Academic Accommodations Request Form

For questions regarding this form, please contact the Criswell College Coordinator of Disabilities at 214.818.131311. **Return the completed and signed form to the address below:**

Attn: Coordinator of Disabilities  
Criswell College  
4010 Gaston Ave  
Dallas, TX 75246

Or  
Email to: [jgonzalez@criswell.edu](mailto:jgonzalez@criswell.edu)

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## Student Information

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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## Type of Accommodation(s) Requested

*(Check all that apply)*

- Physical Disability
  - Learning Disability
  - Psychological/Emotional Disability
  - Temporary Medical Condition
  - Emotional Support Animal (ESA)
  - Other: \_\_\_\_\_
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## Student Consent

I authorize Criswell College to receive and review documentation related to my accommodation request.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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## To Be Completed by Licensed Healthcare Provider

The above-named student has requested academic accommodations at Criswell College in accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). To determine eligibility, the Student Services Office requires supporting documentation from a qualified healthcare provider (e.g., medical doctor, psychologist, nurse practitioner, licensed counselor, physical or occupational therapist, psychiatrist).

This documentation will assist in determining whether the student's condition qualifies as a disability under the ADA, which defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

**Major life activities** include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working. They also include the operation of major bodily functions, such as the immune system, special sense organs and skin, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, reproductive, and genitourinary systems, or the operation of an individual organ within one of these systems.

A “**substantial limitation**” means that the individual is significantly limited in comparison to most people in the general population.

Please complete the form as thoroughly as possible. Additional pages may be attached if more space is needed. The Student Services Office appreciates your time and assistance in supporting our students.

**Name/Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**State of License:** \_\_\_\_\_

**Relationship to Student and Length of Care:**

\_\_\_\_\_

**Date of Most Recent Visit:** \_\_\_\_\_



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## Diagnosis and Functional Impact

Diagnosis (ICD-10): \_\_\_\_\_

Assessment Tools Used: \_\_\_\_\_

Describe how this condition substantially limits one or more major life activities in an academic setting:

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## Recommendations and Accommodations

Recommended academic accommodations:

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Is this condition temporary?

Yes     No

If yes, expected duration: \_\_\_\_\_

If requesting an ESA, explain the necessity and how it supports functional limitations:

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Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_