MORNINGSIDE UNIVERSITY

Initial Academic Accommodation Request Form

Please return this completed form to accommodations@morningside.edu

Please note: Requests are not considered complete unless a completed Documentation Form is also submitted (guidelines on acceptable documentation is listed on the following page.)

Student Information

FIRST NAME:	**LAST NAME:**
STUDENT ID #:	**EMAIL :**
MAJOR(S):	

ACADEMIC STANDING: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRADUATE STUDENT

PRIMARY CAMPUS: ☐ MORNINGSIDE ☐ ST. LUKES

Please decribe the disability or medical condition for which you are requesting accommodations:

How does your disability or medical condition affect your learning or participation in an academic setting? Please be as specific as possible.

What accommodations or supports are your requesting? Please be as specific as possible.

Documentation Guidelines & Student Rights

Documentation Guidelines

The academic accommodation process is an individualized, interactive process that determines reasonable academic accommodations.

Documentation should:

- Identify the disability or medical condition when appropriate
- Describe the current functional limitations relevant to the academic environment
- Explain the relationship between those limitations and the requested accommodation(s)
- Be completed by an appropriately qualified professional familiar with the student's condition

Documentation does not need to include:

- Complete medical records
- Psychotherapy notes
- Medication lists
- Treatment history unrelated to accommodation needs
- Extensive diagnostic testing unless necessary to support the request

Documentation for permanent or stable conditions generally does not require repeated updates unless functional limitations have changed.

Privacy Statement

Under the Family Educational Rights and Privacy Act (FERPA), student education records and related information are protected and may only be accessed or shared by authorized university officials with a legitimate educational interest. Documentation submitted to support an accommodation request, is reviewed by appropriate university personnel to determine eligibility and the reasonable accommodations needed to ensure equal access. Supporting documentation and any provided diagnosis remain confidential.

Student Rights

Students have the right to:

- Request reasonable accommodations
- Participate in an individualized interactive process
- Be treated respectfully and without discrimination
- Have disability information kept confidential
- Receive written notification regarding accommodation decisions
- Appeal accommodation decisions in accordance with university policy

Student Responsibilities

Students are responsible for:

- Providing accurate information
- Participating in the interactive process
- Submitting requested documentation when needed
- Communicating with Disability Services if accommodation needs change
- Following university procedures for requesting and using accommodations

Student Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I understand that submitting this request does not automatically guarantee approval of requested accommodations.

Student Signature _____ Date _____

MORNINGSIDE UNIVERSITY

Provider Documentation Form

Student Name: _____ Date of Birth: _____

The student above has requested academic accommodations at either St. Lukes College or Morningside University. The Disability Services Office seeks information regarding the student's functional limitations.

This form must be completed ONLY if the student does not have an IEP or 504 plan to submit to the Disability Services Office for review.

Provider Information

Provider Name: _____ License Number: _____

Credentials: _____

Practice/Organization Name: _____

Office Phone: _____ Email: _____

Clinical Information

1. What condition(s) or impairment(s) are you treating or evaluating that are the basis for the accommodation request?

_____

_____

_____

_____

2. What functional limitations affect this student in an academic setting?

_____

_____

_____

_____

3. Which major life activities are substantially limited?

□ Learning □ Reading □ Concentrating □ Thinking □ Communicating

□ Walking □ Seeing □ Hearing □ Working □ Other _____

4. Are the limitations:

□ Temporary - Expected duration _____ □ Permanent □ Episodic

5. If known, what accommodations or adjustments may help reduce the impact of these limitations in an academic setting?

_____

_____

_____

_____

_____

_____

Provider Certification

I certify that I am an appropriately qualified professional familiar with this individual's condition and that the information provided reflects my professional opinion.

Provider Signature _____ Date _____

Please return this completed form to **accommodations@morningside.edu**
Students must return this completed form, as well as the Initial Academic Accommodation Request Form in order for their request to be reviewed.