



# Request for Documentation of a Disability

Disability Accommodations & Support Services

Arroyo Hall 210

Telephone 805-437-3331 Fax 805-437-8529 Email: accommodations@csuci.edu

The student named below has requested accommodations through Disability Accommodations & Support Services (DASS) at Cal State Channel Islands. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability and/or medication side effects. General statements about the disability or medication do not help determine appropriate accommodations. The purpose of the functional limitations is to indicate how a specific disability or medication side effects substantially interferes with a major life activity, such as working or learning.

*Information on this form will be used in confidence for the educational benefit of the student.*

*This information will be released to other parties only with the express written request of the student.*

**Please complete this form, or ON YOUR OFFICE'S OFFICIAL LETTERHEAD, please respond in detail to each question and include your name, license number, phone, fax, address, signature, and date.**

Thank you for your assistance. If you have further questions, please contact DASS at 805-437-3331 or accommodations@csuci.edu.

First Name	Middle Initial	Last Name	Date of Birth
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**1) DSM-5 and/or ICD-10 Diagnosis(es)**

Diagnosis	Specification	Code	Date of Diagnosis

Details:

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**2) What historical data was taken into account in making the diagnosis?**

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**3) What were the assessment or evaluation procedures used to make this diagnosis?**

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