Academic Support and Access Center

For Completion by Professional:

Name:__________________________________________

Title:__________________________________________

Credentials:__________________________________________

Contact Information:__________________________________________

__________________________________________

__________________________________________

Student Name:__________________________________________

To determine eligibility for reasonable accommodations, American University requires relevant and comprehensive documentation of the student's condition from a licensed clinical professional or health care provider familiar with the history and functional limitations of the student's condition. The provider giving the information below must not be a relative of the student or a friend of the student or student's family. Thank you for your time and support in providing assistance to this student. **Please return this form and your responses on professional letterhead as soon as possible via fax, email, or mail.**

1. the presenting problem and relevant history
2. a diagnosis (DSM if applicable), duration, and severity of disability
3. substantial disability-based limitations and, specifically, how they relate to the educational environment
4. whether these substantial limitations continue to be the case when following recommended treatment
5. substantial medication side effects, if any
6. suggested accommodations in an educational setting

American University
Academic Support and Access Center
Mary Graydon Center Room 243
4400 Massachusetts Avenue, NW
Washington, DC 20016-8027
202-885-3360 (phone)
202-885-1042 (fax)
asac@american.edu