



Student Disability Resource Center
Campus Box 123
Milledgeville, GA 31061
Phone 478-445-5931
Fax 478-445-1959
disability@gcsu.edu

To be Completed by Physician and/or Psychiatrist

The Student Disability Resource Center establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services. Please see [Appendices D-H of the USGBOR Academic and Student Affairs Handbook](#) for more information.

Student's Full Name and Birth Date: _____

Primary Diagnosis: _____

DSM/ICD Code: _____ Date of Diagnosis: _____

Secondary Diagnosis: _____

DSM/ICD Code: _____ Date of Diagnosis: _____

Please provide a clear diagnostic statement that includes evidence of an existing impairment.

Please provide the diagnostic criteria and methodology used to diagnose the condition/s.

Please give a description of the expected progression or stability of the disorder.

Please explain the current functional limitations impacting academic performance resulting from the disorder.

Please provide recommendations for accommodations that are logically related to the functional limitations.

Physician or Psychiatrist Name: _____

Title: _____

License #: _____

Practice Name and Address: _____

Phone: _____ Fax: _____

Email: _____

Physician or Psychiatrist Signature (Required): _____

Date of Signature: _____

Please attach a current psychological evaluation and educational reports that support the functional impact of the disorder.