



**PART I TO BE COMPLETED BY EVALUATOR**

**Accessibility and Disability Support – NORTHWESTERN STATE UNIVERSITY**

**PSYCHOLOGICAL DISABILITY DOCUMENTATION REQUEST FORM**

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

When did/will you start attending NSU? Semester \_\_\_\_\_ Year: \_\_\_\_\_

NSU I.D. Number: \_\_\_\_\_ NSU Email: \_\_\_\_\_

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Disability Support. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, university policy requires that a **qualified professional** provide current and comprehensive documentation. A qualified professional is a licensed mental health professional **who is not a family member of the student**.

**\*\*\*\* This form must contain ALL of the requested information below in order to apply for accommodations through Disability Support. \*\*\*\***

1. Diagnosis (as diagnosed by the DSM-5): \_\_\_\_\_

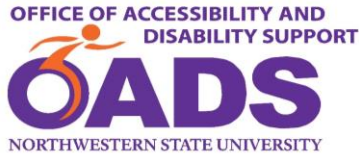
2. Date of Diagnosis: \_\_\_\_\_ Date of Last Contact with Student: \_\_\_\_\_

3. Provide a **summary** of the student's educational, medical, and family history that relates to the psychological disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. List **current medication** along with any **current side effects** that may impact academic performance: \_\_\_\_\_

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6. Please indicate below the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at NSU as justified based on the functional limitations indicated above.

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Qualified Professional's Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

License or Certification Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Accessibility and Disability Support**  
**Northwestern State University**  
**NSU Box 5251**  
**Natchitoches, LA 71497**  
**Phone: 318-357-4460**  
**Fax: 318-357-5926**  
**Email: OADS@nsula.edu**



## PART II TO BE COMPLETED BY STUDENT

Accessibility and Disability Support – NORTHWESTERN STATE UNIVERSITY

### REQUEST FOR ACCOMMODATIONS

Student's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

When did/will you start attending NSU? Semester \_\_\_\_\_ Year: \_\_\_\_\_

NSU I.D. Number: \_\_\_\_\_ NSU Email: \_\_\_\_\_

NSU enrollment for which you are requesting accommodations (check below):

NSU (Main Campus)   NSU Leesville/Ft. Polk   NSU Alexandria   NSU Shreveport   NSU Online  
Dual Enrollment

**I am requesting accommodations because I have been diagnosed with one or more of the following disabilities which functionally impairs my ability to perform in an academic environment (check all that apply):**

Attention Deficit Hyperactivity Disorder (ADHD)

Learning Disability

Deaf & Hard of Hearing

Psychological Disability (specify): \_\_\_\_\_

Physical or Medical Disability (specify): \_\_\_\_\_

Temporary Disability (specify): \_\_\_\_\_

**In the space below, please list and explain the reason for each of the accommodations you are requesting.**

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note: Disability Support strongly recommends maintaining copies of any submitted documentation for personal records.**



## CONSENT TO RELEASE

I, \_\_\_\_\_ (*student/incoming student*), understand that the information contained in my record is confidential. However, I give my consent for

### **Accessibility and Disability Support**

to release to \_\_\_\_\_ (*parent, guardian, other*)

the following specific information: **DISABILITY AND ACADEMIC**

The above-listed information is to be disclosed for the specific purpose of

### **ACCOMMODATIONS and UNIVERSITY SUPPORTS.**

This consent is subject to written revocation OR cancellation signature at any time except to the extent that action has already been taken upon this consent. All releases are done on roughly an annual basis regardless of any date changes to the form with all releases expiring at the end of the upcoming academic year.

\_\_\_\_\_  
Signature of Student/Client

\_\_\_\_\_  
NSU ID#

\_\_\_\_\_  
Date

I wish to cancel this Consent to Release effective

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student/Client