



**PETITION FOR ACCOMMODATIONS
FOR STUDENTS WITH
DISABILITIES**

Campus Location

Alamogordo	Carlsbad
DACC	Las Cruces
Grants	

SECTION: 1 TO BE COMPLETED BY STUDENT

This form will assist with the gathering of information to facilitate the identification of an appropriate accommodation while you attend NMSU.

Referred by : Self Other

Student Full Name (Please Print) **Aggie ID**

Current Mailing Address: **City** **State** **Zip Code**

Local Phone Number **Cell Phone Number** **E-Mail Address**

Preferred Contact Method: **Local Phone** **Email** **Cell Phone** **I give staff permission to text**

Class / Year (Freshman, Sophomore, etc.) **Major**

Provide the following information if you are a client of another agency such as NM DVR, etc.,

Agency Name **Telephone Number**

Do you have a disability or impairment? **Yes** **No**

If yes, please identify the disability or impairment

Describe the issues that you are experiencing in your class(es), housing or other campus setting that may require accommodation(s):

The following reasonable accommodation(s) are requested in order to perform the essential academic functions as an NMSU student

Authorization for release of information relating to disability accommodation(s):

I hereby authorize _____ (physician, psychologist, psychiatrist, educational diagnostician, other) to release any information requested on this form. By signing this form, I understand that once this request for accommodation(s) is processed, I may be required to provide additional documentation, on a case-by-case basis, of changes in my condition. I fully understand that this request for accommodation(s) is based on NMSU's need for documentation to support my request for services.

I understand that NMSU has no obligation to provide services until appropriate documentation has been received by the appropriate office handling the accommodation function on my campus. I further understand that services may be discontinued should documentation not be received within thirty (30) days of receiving temporary services (unless there are extenuating circumstances). I authorize NMSU officials (such as staff providing disability accommodation services, Vice President for Student Service/Student Affairs, Executive Vice President/Provost, General Counsel, Office of Institutional Equity Executive Director, Student Health Center Director, etc.) to verify, discuss, transmit, or release on a "need to know basis only", the contents of this request form with my physician, psychologist, diagnostician, practitioner, and/or other authorized NMSU personnel. This document will be treated as a confidential medical record. I, the undersigned, authorize the staff providing disability accommodation services to contact relevant NMSU system disability services staff to share information pertaining to my accommodation(s) for the purpose of coordinating appropriate services and determining any necessary and reasonable academic adjustments.

Student Signature **Date**

SECTION 2:		To be completed by the physician, psychologist, diagnostician, or other practitioner (please refer to section 1 for authorization to release information)			
Student Name (Please print):		Aggie ID			
To the physician, psychologist, psychiatrist, audiologist, diagnostician, or practitioner:					
The above-named student has informed New Mexico State University (NMSU) that their disability/impairment prevents them from performing the essential academic functions and/or attending classes regularly unless accommodation(s) are provided. We request receiving sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. For example: 1) for a learning disability, a full diagnostic evaluation is required from a psychologist, psychiatrist or educational diagnostician; 2) for hearing disability, a current audiogram from an ENT or audiologist is required; 3) for a psychological disability, a diagnosis based on a current DSM-V from a psychologist/psychiatrist will be required; and 4) For a physical disability, a diagnosis according to the current ICD from a physician will be required. Recommendations for accommodation(s) are helpful and will be given due consideration.					
Provide a diagnosis of the condition or a brief description of disability:					
Which of the following major life activities/major bodily functions does the disability impair?					
Prognosis:					
This Condition is:		Permanent		Temporary (how long):	
When did you first see the student for the condition					
Can the student perform essential academic functions?			Yes		No
Can the student perform essential academic functions without threat to health/safety of:					
Self:		Yes		No	
Others:		Yes		No	
If no, please explain:					
What specific major life activities or bodily functions does this condition present that require accommodation(s)?					
What academic accommodations(s) do you suggest for this student?					
Are there any side effects from medication which might affect academic performance?				Yes	
Class attendance is frequently an essential academic function. Does the condition affect the student's class attendance?					
Yes Explain:				No	
For what period of time do you recommend that the reasonable accommodation(s) be made?					
I certify that the information provided above is true and correct to the best of my knowledge.					
Practitioner's Signature:			Date		
Print Name:			Degree, specialty, license number		
Address:			Telephone Number:		Fax Number