

PERSONAL INFORMATION: (Please print clearly)

Name:

Date:

Year: 1st Year 2nd Year 3rd Year 4th Year Visitor
 Day Student Evening Student

Phone:

Student ID:

Disability Documentation/Medical Condition Documentation: (number of pages attached)

MEDICAL CONDITION/DISABILITY INFORMATION: (Use separate sheet if more space is needed)

Name of medical condition/disability _____ First diagnosed? _____

Describe (1) the nature of your disability and (2) its probable impact on your life.

Accommodations Requested: Please describe the accommodations you are requesting as well as the reasons for the request. Please include alternative appropriate accommodations. Also include when and what accommodations you have used academic, exam, and classroom accommodations previously?

Authorization and Release: By signing this form, I authorize the ADA Compliance Officer to speak with the following individuals concerning my disability and/or medical condition when documentation guidelines have not been followed or information is otherwise unclear (*please write name(s) and phone numbers from your documentation*). I also understand that should my documentation not meet Suffolk University Law School guidelines, I may need to contact the evaluator(s) or initiate another evaluation directly to coordinate the provision of updated documentation.

The information I have provided is accurate to the best of my knowledge.

Student Signature

Please submit the appropriate clinical documentation with this form (see guidelines for documentation at <http://www.law.suffolk.edu/offices/deanofstu/disability/document.cfm>). Even if you have provided documentation to another Suffolk University Law School office, you must send a separate copy to the Dean of Students Office. A personal interview to register with Disability Services upon arrival is required before approved services can be implemented.

Mail or fax this form and your clinical documentation to: Erin Evans, Compliance Officer
Dean of Students Office
Suffolk University Law School
120 Tremont Street, Suite 410
Boston, MA 02108
Phone: 617-573-8157
Fax: 617-305-3214

For Office Use Only:

Date Received: _____	Staff Initials: _____
Date Entered in Database: _____	Completion Date: _____
Documentation Complete: Yes No	
If No, documents needed: _____	
Student contacted by: Phone Email Letter Fax	
Date student contacted: _____	Student contacted by: _____
Sent for review: _____	Review Returned: _____