



The Office of Accessibility Resources (OAR)

137 Killian Annex, Cullowhee, NC 28723

Phone: (828) 227-3886 | Fax: (828) 227-7320 | [accessibility@wcu.edu](mailto:accessibility@wcu.edu)

Disability Documentation Form

Name: \_\_\_\_\_ WCU ID#: 920 \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

1. Diagnosis summary:

Table with 4 columns: Diagnosis, Code, Date(s) of Evaluation, Additional Dates for Treatment/Sessions (do not include dates associated with the evaluation)

2. Describe the method for how the physical and/or mental impairment was diagnosed:

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

3. Explain the functional impact including severity and frequency:

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

4. \*Does the current Disability limit a major life activities?  (if yes, explain below)  no  not sure

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

\*Expected Duration (Chronic/Acute/Temporary): \_\_\_\_\_

5. Describe the recommended accommodations and why they are needed:

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

Reliable Medical Professional Information:

\_\_\_\_\_  
Name of Licensed Reliable Medical Professional

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title: License #/ Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax (Mandatory)