



THE CITY UNIVERSITY OF NEW YORK

2800 Victory Boulevard
Staten Island, NY 10314
T 718.982.2510 • F 718.982.2117
www.csi.cuny.edu

Center for Student Accessibility

Supporting Medical Documentation

Last Name: _____ First Name: _____

Female: ___ Male: ___ Date of Birth: _____ EMPL ID# _____ S.S.# (last

Students may be required to provide additional documentation per CUNY Documentation Guidelines.

Physician's/Service Provider's statement for requested reasonable accommodation(s)

Describe the nature of the concern:

Two horizontal lines for describing the nature of the concern.

Medical Diagnosis/Disability:

Two horizontal lines for medical diagnosis/disability.

Medications:

Two horizontal lines for medications.

Length of time that the student has been in treatment for the above condition:

Two horizontal lines for length of treatment.

In your professional opinion, do you believe student is college ready at this time? Yes No

Two horizontal lines for professional opinion.

Describe how the disability affects the student's educational performance:

Two horizontal lines for describing educational performance.

List the educational accommodations that are recommended:

Two horizontal lines for recommended accommodations.

Service Provider's Name (Print)

Service Provider's Title (License)

Service Provider's Signature

Date Signed

