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Center for Student Accessibility

Supporting Medical Documentation

Last Name: _____ First Name: _____

Female: ___ Male: ___ Date of Birth: _____ EMPL ID# _____

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:

Medical Diagnosis/Disability:

Medications:

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

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

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

List the educational accommodations that are recommended:

Service Provider's Name (Print)

Service Provider's Title (License)

Service Provider's Signature

_____/_____/_____
Date Signed

