

DOCUMENTATION of DISABILITY for ACCOMMODATIONS at EMCC

Student Name: Date of Birth:	Name of Healthcare Provider: Type of Licensure: Office Location & Phone:
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*Healthcare providers may complete this form; or, please write a brief letter addressing information requested here.
 Information can be returned directly to student or sent via email to Access@emcc.edu or fax **207-974-4883***

EMCC Accessibility Services requests documentation that validates the presence of a disability, as covered under Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act (ADA) of 1990*. Documentation is necessary to support accommodation requests and provision of auxiliary aids and services. Accommodations can not substantially alter essential requirements of courses or program outcomes. Students with verifiable disabilities, visible or hidden, qualify for services. Eastern Maine Community College determines all accommodations on a case-by-case basis.

Relevant diagnosis/ diagnoses	As evaluated on [date]
Interferes with accessing educational opportunities in this way: [functional impact]	
Treatment plan to support student with this condition includes:	
Expected progression of this condition (+/-) over time or in response to other factors:	
Recommended accommodations:	