

**Office of Disability Services**

**Documentation Requirements for Academic Accommodations**

Requirements for acceptable documentation (must provide at least one of the following):

1. Diagnostic Narrative (letter) from your medical provider/professional must meet the following criteria:

* Typed, on letterhead signed and dated
* Includes diagnosis including severity and/or expected progression
* Provide information regarding functional limitations or symptoms that should be considered in a postsecondary academic setting.
* Current side effects caused by medications and the medications causing the side effects (if applicable)
* Current or past accommodations (if applicable)

**Note: your provider must have the appropriate credentials to diagnose and treat your specific condition or disability.**

1. Diagnostic test reports

* Typed, on letterhead signed and dated
* List of all tests administered with all test scores and interpretations.
* Identification of global intelligence (IQ)
* Assessments of achievement and information processing
* Diagnostic summary
* Provide information regarding how specific symptoms may affect class participation by the student.
* Current or past accommodations (if applicable)

*Send all documentation to the office of* ***Disability Services*** *using one of the following ways:*

Email: [**DisabilityServices@vinu.edu**](mailto:DisabilityServices@vinu.edu)

Confidential Fax: **812-888-2087**

Mail: **Office of Disability Services** **1002 N. First St, Vincennes, IN 47591**