STUDENT DISABILITY CENTER
COLORADO STATE UNIVERSITY

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(970) 491-6385
disabilitycenter.colostate.edu

Disability Information Form

Purpose

The Student Disability Center (SDC) has the right to request documentation verifying a disability and supporting the need for accommodations and/or auxiliary aids in the university environment. This form assists the SDC in this by providing key pieces of information needed for determining and supporting the need for accommodations and/or axillar aids.

While this form may serve as a piece of supporting documentation, the SDC has the right to request additional documentation if needed to support a requested accommodation.

Submission Instructions

This form must be submitted to the SDC by the medical provider in either of the following ways.

- **Email:** sdc_csu@colostate.edu
- **Fax:** 970-491-3457

Student Information

Name:

CSU ID#:

Medical Provider Information

Provider's Name:

Organization or Practice Name:

Phone: Email:

Address:

City: State: CO Zip Code:

Provider Credentials: License Number:

Disability Information

Please answer the following questions with as much detail as possible. If you need more space, please attach a separate document.

How long have you been seeing this student for?

Description of disability and/or diagnosis:

Is this condition temporary? Yes ◯ No ◯

If yes, expected duration:

Please describe the impacts and/or functional limitations of this student's disabilities when it is active?

What are your recommendations for accommodations, auxiliary aids, or other supports this student needs due to their disability?
While the SDC takes these recommendations into consideration, they do not guarantee immediate approval of an accommodation. The student will still need to engage in the interactive accommodations process.

Why are the recommended accommodations needed to provide the student with equal access/opportunity to the University environment?

Other Comments:

Provider's signature: Date: