BRIGHAM YOUNG UNIVERSITY ACCESSIBILITY CENTER (UAC)
DOCUMENTATION OF DISABILITY FORM

UAC: Date Received: ___/___/___

NOTE: Please have a qualified professional complete this form and attach additional relevant written reports and test scores.

Student Section
Full Legal Name: ___________________________ BYU ID#: _______ Birth Date: ______-
Local Address: ___________________________ City/State/Zip: __________________ Phone: ________

Qualified Professional Section
Diagnosis/Diagnoses:

__________________________

Symptoms:

________________________________________________________

Tests/Procedures Used to Diagnose Condition(s):

________________________________________________________

Severity: ___________________________ Expected Duration of Condition(s):

Brief History/Prognosis for Treatment:

________________________________________________________

Medications and Side Effects Patient Experiences:

________________________________________________________

Do you believe that this condition(s) qualifies as a disability, meaning that it (1.) has lasted or will last at least six months and (2.) causes a substantial limitation in at least one major life activity pertaining to academic life, which includes, but is not limited to, tasks such as walking, thinking, hearing, reading, writing, communicating, etc.? Yes: ☐ No: ☐

Functional Limitations: How and to what extent does the disability limit the patient’s ability to perform learning tasks or functions required in a classroom environment?

________________________________________________________

Accommodative Recommendations:

________________________________________________________

Diagnosed By: ___________________________ Report Date: __________________
Address: ___________________________
City/State/Zip: ___________________________
Phone: (_______) ___________ Fax: (_______) ___________
Signature ___________________________ Date: __________________

SEND TO: UAC, BYU, 2170 WSC, PO BOX 27920, PROVO, UTAH 84602-7920 Phone: (801) 422-2767 Fax: (801) 422-0174

G:\FORMS\Documentation of Disability.doc