

**STUDENT ACCESSIBILITY AND RESOURCES (SAR)
UNIVERSITY OF TEXAS AT TYLER
DISABILITY DOCUMENTATION REQUEST FORM**

TO BE COMPLETED BY EVALUATOR

****DO NOT USE THIS FORM FOR LEARNING DISABILITIES. PLEASE SEE LEARNING DISABILITY DOCUMENTATION GUIDELINES FOR MORE INFORMATION****

Student's Name: _____

Phone Number: _____ Date of Birth: _____

When did/will you start attending UTT? Semester _____ Year: _____

UTT I.D. Number: _____ UTT Email: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from SAR. To consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, university policy requires that a **qualified professional** provide current and comprehensive documentation of disability(ies). A qualified professional includes a licensed psychiatrist, psychologist, medical doctor, or other qualified mental health professional **who is not a family member of the student**.

*****This form must contain ALL the requested information below to apply for accommodations through SAR. *****

1. Diagnosis(es) (use DSM-5TR for psychiatric conditions):

2. If you have a formal evaluation, please attach it.

3. Date of Diagnosis(es): _____ Date of Last Contact with Student: _____

4. Provide a summary of the student's educational, medical, and family history that may relate to disability(ies) (must demonstrate that difficulties are not the result of other conditions, cultural differences, or insufficient instruction):

5. Describe the student's functional limitations (i.e., current and/or anticipated problems associated with the condition) in an educational setting.

6. List **current medication**, along with any **current side effects** that may impact academic performance:

7. Please indicate below the **RECOMMENDATIONS** you have regarding necessary and appropriate auxiliary aids or services or other accommodations to equalize the student's educational opportunities at UTT as justified based on the functional limitations indicated above.

Qualified Professional's Signature: _____

Printed Name & Title: _____

License or Certification Number: _____

Daytime Telephone Number: _____

Address: _____

Date: _____

Student Accessibility and Resources
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