Coastal Carolina University, through the Office of Accessibility and Disability Services, provides services to students with diagnosed medical/physical disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. To determine eligibility for services, this office requires current and comprehensive documentation of the disability or medical condition from the diagnosing physician or other appropriate professional. The student named below is requesting services from our office at this time. In order to help us serve this student in the best possible manner, please complete the following form ASAP and return it to the below address or fax number. No services will be available to this student until this form has been received. Thank you.

Name of Student:___________________________ Student ID:____________________

1. Diagnosis, date of diagnosis and last contact with this student.

2. Describe symptoms associated with this medical condition.
3. Describe how this medical condition may affect this student academically and/or physically.

4. List current medication(s) and adverse side effects.

5. What recommendations do you have regarding accommodations, e.g. extended time for exams, adapted equipment, etc.?

Signature  
Date  
Printed Name and Credentials/Title:___________________________________________
Street Address:___________________________________________________________
City, State and Zip:________________________________________________________
Phone #:__________________________________  Fax #:________________________

Return form to:
Coastal Carolina University
Office of Accessibility and Disability Services
P.O. Box 261954
Conway, SC  29528

FAX: (843) 349-5042
Phone: (843) 349-2503