

Documentation Criteria Academic Accommodations

Austin College works to provide reasonable accommodations and equal access to students with disabilities in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA), and the Americans with Disabilities Act- Amendments Act of 2008 (ADAAA).

To evaluate requests for specific accommodations, comprehensive documentation of a disabling condition is necessary. Documentation that sufficiently verifies eligibility describes the current impact of the disability as it relates to the accommodation(s) requested. Documentation must be **current** and relevant and include evaluation by a licensed professional who has appropriate training and experience diagnosing and treating the reported condition and is unrelated to the individual being evaluated.

The following criteria will assure documentation is adequate and appropriate to verify eligibility and support requests for accommodations or auxiliary aids:

Disability documentaton should include:

- 1) A dated and signed letter of evaluation submitted under the professional's letterhead that includes a diagnostic statement identifying the disability/condition, date of the current diagnostic evaluation, and the date of the original diagnosis (Including DSM-V classification, for psychological disabilities and learning disabilities or ICD-10 for medical disabilities);
- 2) A description of the diagnostic criteria and diagnostic test(s) used;
- 3) A description of the current functional impact/limitations of the disability;
- 4) Treatments, medications, assistive devices/services currently prescribed or used;
- 5) A description of the expected progression or stability of the disability over the time frame of the individual's expected college education
- 6) The credentials of the diagnosing professional/including the training and experience which enables the person capable of making the diagnosis
- 7) A Limited Release of Information Form signed by the student authorizing Austin College personnel to receive information from the documenting medical professional.

Accommodation recommendations from the diagnosing professional are helpful and will be given due consideration.

Temporary Disabilities

Documentation for temporary or acute disabilities must be provided for approved temporary accommodations and regularly updated as appropriate.

Austin College reserve the right to request clarification and further documentation of disability and functional limitations as may be needed to evaluate a student's request for accommodations.

For more information, contact the Director of the Academic Skills Center
900 North Grand, Ste. 61544, Sherman, TX 75092
Phone: 903-813-2454, Fax: 903-813-2038, E-Mail: asc@austincollege.edu



LIMITED RELEASE OF INFORMATION

STUDENT NAME _____ DOB _____

I, _____, hereby authorize AUSTIN COLLEGE ACADEMIC SKILLS CENTER to RECEIVE medical and/or mental health information and/or records regarding diagnosis and treatment, for the College to determine whether student qualifies for an accommodation request.

RELEASE TO/RECEIVE FROM _____
(Name of Referring Medical Doctor, Therapist, Diagnostician, etc.)

The information may be provided: by phone by fax by mail by email
Contact information of above named medical professional: _____

I understand that electronic mail (email) is not confidential and can be intercepted and read by other people.

Information to be provided: Attendance/Dates of service Diagnosis Treatment plan/goals
 Treatment Summary Other _____

Is there any medical and/or mental health information that you do not wish to be released? Yes No
If so, what?

- I understand that I have a right to receive a copy of this authorization.
- I understand that any cancellation, modification, or revocation of this authorization must be in writing.
- I understand that I have the right to revoke this authorization at any time unless Austin College Academic Skills Center has taken action in reliance upon it.
- I understand that it is my responsibility to confirm receipt by Austin College Academic Skills Center of any cancellation, modification, or revocation.
- I further understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable Texas law may protect such information. In consideration of this consent, I hereby release the source of the records from all liability arising there-from.

I, _____ CONSENT to the release of information _____
(Signature of student) (Date)

EFFECTIVE TIME PERIOD. This authorization is valid for 1 year from the date signed unless another date is specified below.

Only complete this box if you wish to withdraw permission to release information.
I, _____, wish to withdraw my consent to release information on _____.

(Signature of Student) (Date)