



Office of Accessibility and Health Promotion Accommodation Request Form

Notre Dame of Maryland University provides accommodations on a case-by-case basis for students with a documented disability and/or with a medical condition in accordance with the American with Disabilities Act (ADAAA). Students requesting accessible accommodations based on a documented disability or medical condition must apply through the Office of Accessibility and Health Promotion. The accommodation application along with appropriate documentation must be submitted to the Director of Office of Accessibility and Health Promotion. Students are encouraged to apply for accommodations as early as possible. For questions and appointments, please contact the Director of Accessibility and Health Promotion at 410-532-5401 (Phone) or email accessibility@ndm.edu.

Student Section

Student Name: _____ Student ID Number: _____

Date of Birth: _____ Current Academic Standing: _____

Email Address: _____ Phone Number: _____

Accommodation Type: Academic Housing Both Other _____

Date of Request: _____

Please list your accommodation request(s):

This signature authorizes my medical professional completing this form to discuss my medical condition(s) with the Office of Accessibility and Health Promotion at Notre Dame of Maryland University if necessary.

Student Signature: _____ Date: _____



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Health Care Provider: Please respond to the following questions regarding the above named student.

Please list the **current medical condition/diagnosis** in which this request is being made for:

Date of Diagnosis: _____

Is this condition temporary or permanent? _____

If temporary, what is the expected duration? _____

When was the student's last office visit? _____

Please list the symptoms and frequency of symptoms the student is experiencing that are causing a major impact to a major life activity (i.e. sleeping, breathing, seeing, learning, hearing, socializing, and walking).

Please describe the requested accommodation and how the request correlates with the student's condition.

Please list current medication(s) the student is prescribed and if the medication positively or adversely impacts the student's condition. Also, if it positively impacts the condition please explain why accommodations are necessary.



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Please provide any further information you believe would be helpful.

Thank you for taking the time to complete this form. If additional information is needed, the Office will reach out to you.

Provider Contact Information

Name: _____

Address: _____

Telephone: _____

FAX | Email

Address: _____

Professional

Signature: _____

License #: _____

Date: _____

Return complete forms to:

Notre Dame of Maryland University
Office of Accessibility and Health Promotion
4701 North Charles Street
Baltimore, MD 21010

410-433-2679 (fax) | accessibility@ndm.edu