

## Disability Support Services (DSS)

1 Aerospace Blvd.  
Building 500  
Daytona Beach, FL 32114  
Phone: (386) 226-7916 -- Fax: (386) 226-6071

### Guidelines and Release Form

To be eligible for services at the DSS, a student must satisfy the definition of a disability as established by the Americans with Disabilities Act of 1973. **Section 504 defines a disability as a condition which substantially limits one or more major life activities such as learning, walking, seeing, hearing, breathing, caring for oneself, and working.** *To be eligible for accommodations, a student must provide appropriate documentation of each disability that demonstrates an accompanying substantial limitation to one or more major life activities.*

The following guidelines are provided in the interest of assuring that professionals' statement is appropriate to document eligibility for support services. The student with a disability must provide the office of DSS appropriate written documentation from a licensed professional in the field concerning the specific diagnosis and expected academic limitations.

**The documentation must be within the last 3 years. However, the DSS reserves the right to make modifications to this time frame.**

I, \_\_\_\_\_, hereby authorize the following information as well as any other pertinent documentation to be shared with the office of Disability Support Services at Embry-Riddle Aeronautical University for the purpose of determining my eligibility for academic accommodations. Sharing of information includes the information on this form as well as any verbal or written conversations necessary to support my request.

Student's Signature:	Date:
Student ID#:	

1. Diagnosis/Impairment:
  
  
  
2. Diagnostic Code (if applicable):
  
  
  
3. Date of diagnosis and date student last seen for treatment or evaluation:
  - a. Date of Diagnosis:
  - b. Date Last Seen:
  
  
4. Procedures and instruments used to make the diagnosis.
  
  
  
  
5. Duration of disability/impairment:
  - a. Permanent:
  - b. Temporary:
    - i. Expected date of recovery:
  
  
6. Describe how this medical condition may result in specific functional limitations in a university setting.

7. If the individual is currently undergoing treatment or taking medication, please describe how it may affect their academic performance.
  
8. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?
  
9. Please check below the major college life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation.

Life Activity	Negligible	Moderate	Substantial
Walking			
Breathing			
Seeing			
Hearing			
Speaking			
Sitting			
Standing			
Eating			
Sleeping			
Performing Manual Tasks			
Learning			
Thinking			
Concentrating			
Memory			
Reading			
Writing			
Attending Class			
Meeting Deadlines			
Interacting with Others			
Other:			

10. Indicate below your recommendations regarding accommodations and accompanying justifications for the student

Accommodation	Rationale

\*Please attach any additional documentation and/or testing results, which may help us determine the most appropriate assistance for this student.

Student Name:	
Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number:	
Contact Information:	

Thank you for your prompt response to this request.

Please return this information to:

**Please return this information to:**  
**Disability Support Services**  
Building 500  
1 Aerospace Blvd. Daytona Beach, FL 32114  
**Email:** [DBDSS@erau.edu](mailto:DBDSS@erau.edu)  
**Phone:** (386) 266-7916 ---**Fax:** (386) 226-6071