

Date: [Date]

To: Office of Disability Services / [Institution Name]

RE: Medical Documentation for Academic Accommodations

Student Name: [Student Full Name]

Date of Birth: [DOB]

To Whom It May Concern,

I am the primary care provider for [Student Name]. The student is currently under my care for a diagnosed medical condition/disability that substantially limits one or more major life activities, including learning and academic performance.

Based on my clinical assessment and the student's medical history, I recommend the following academic accommodations to ensure equal access to their education:

- [e.g., Extended time on exams (1.5x or 2.0x)]
- [e.g., Testing in a distraction-reduced environment]
- [e.g., Permission to record lectures or use a note-taker]
- [e.g., Flexibility with attendance or assignment deadlines during flare-ups]
- [e.g., Use of assistive technology or orthopedic seating]

These accommodations are medically necessary to mitigate the functional limitations resulting from the student's condition. These recommendations are intended to remain in effect for [Duration, e.g., the current academic year / the duration of their enrollment].

Should you require further information, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Printed Name, Credentials]

[Medical Practice Name]

[License Number]

[Address]

[Phone/Email]