*Supporting documentation template for requested living or learning accommodations*

**[agency/provider letterhead here]**

Northwest Missouri State University
Title IX and Equity, Accessibility and Accommodations
800 University Drive, North Complex
Maryville, Missouri 64468

**[insert today’s date]**

RE: **[insert patient/student full name]**

To whom it may concern:

I have diagnosed, and have been treating **[insert student/patient full name]** for **[insert condition diagnosis or disability]** since **[insert date/length of time]**. The current status of the disability is **[insert present status]**.

The condition impacts **[insert student name]** learning or living by **[insert impact of the disability]**.

I recommend the following living or learning accommodations to support the limitations caused by the disability and provide program/education access: **[insert recommended accommodations].**

Each recommended accommodation will be remedial to the disability by **[insert how each recommended accommodation is remedial/supportive]**.

Sincerely,

**[insert name and a signature (no blanks; a digital signature with the time and date stamp may be used)]**

**[insert the date of the signature]**

**[insert the credentials of the medical or counseling professional]**