

**UNO Disability Services**  
Prospective Learning Disability Release Student Packet

**Learning Disability Release Form**

I, \_\_\_\_\_, request that specific, written documentation of my disability (evaluations, reports, or other data) be sent to:

University of New Orleans  
2000 Lakeshore Drive  
Office of Disability Services  
New Orleans, LA 70148

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**LEARNING DISABILITY  
DOCUMENTATION REQUEST FORM**

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND ***MUST BE TYPED OR LEGIBLY HAND-WRITTEN*** IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH DISABILITY SERVICES.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from the Disability Services due to a learning disability. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, University policy requires that a Qualified Professional provide specific, current and comprehensive documentation of the learning disability. A qualified professional includes the following types of licensed psychologists: clinical, educational, school, and neuropsychologist, or a learning disability specialist, appropriately licensed in their state. **IN ORDER TO BE CONSIDERED CURRENT, AN EVALUATION PERFORMED BEFORE AGE 18 MUST HAVE BEEN PERFORMED WITHIN 3 YEARS PRIOR TO THE STUDENT'S REQUEST FOR ACCOMMODATION (S). AN EVALUATION PERFORMED AT OR AFTER AGE 18 MUST BE NO MORE THAN 5 YEARS OLD.**

The documentation provided **must** include information that diagnoses a learning disability (as diagnosed by the DSM-IV), describes the functional limitations in an educational setting, includes appropriate testing as outlined in # 4 and all standardized scores, and indicates the severity and longevity of the learning disability for the purpose of determining academic adjustment(s) or other accommodations.

To facilitate the gathering of such critical information, please respond legibly to the following questions and return to UNO, Disability Services.

1. Diagnosis (as diagnosed by the DSM-IV): \_\_\_\_\_
2. Level of Severity (Circle one):      Mild      Moderate      Severe
3. Date of Diagnosis: \_\_\_\_\_ Date of Last Contact with Student: \_\_\_\_\_
4. Please indicate the measures used to assess the following. (**You must attach a copy of the Diagnostic Report.**)

Diagnostic Interview (including history) \_\_\_\_\_

Aptitude - **Must include one of the following tests.** Please check all tests that apply:

- Wechsler Adult Intelligence Scale-III
- Kaufman Adolescent and Adult Intelligence
- Stanford-Binet Intelligence Scale (5<sup>th</sup> ed.)

Achievement - **Must include one of the following tests.** Please check all tests that apply:

- Scholastic Abilities Test for Adults
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery-Revised III: Test of Achievement
- Wechsler Individual Achievement Test

Information Processing (if applicable) \_\_\_\_\_

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**Please Note: If the following information is not included in the diagnostic report, please complete items 5, 6, & 7.**

5. Provide a summary of the student's educational, medical, and family history that may relate to the learning disability (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe the student's functional limitations in an educational setting as they relate to the requested accommodations/recommendations for academic accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate the **RECOMMENDATIONS** you have auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities at UNO. Please check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> alternative test format                        | <input type="checkbox"/> extended time (1.5x, 2x) | <input type="checkbox"/> volunteer note taker |
| <input type="checkbox"/> audio books                                    | <input type="checkbox"/> no scantron              | <input type="checkbox"/> other _____          |
| <input type="checkbox"/> consideration for spelling                     | <input type="checkbox"/> reader                   | _____   |
| <input type="checkbox"/> distraction-reduced environment<br>for testing | <input type="checkbox"/> scribe                   | _____   |

9. In addition, you **must** attach the diagnostic report that includes all scores for the given tests, and describes other information relevant to this student's academic adjustment(s) or accommodations.

Qualified Professional's Signature: \_\_\_\_\_  
Printed Name & Title: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please send the original form to:**  
University of New Orleans  
2000 Lakeshore Drive  
Office of Disability Services  
New Orleans, LA 70148  
Phone: 504-280-7284

**Attach business card here (required)**