Documentation must reflect that the condition substantially limits a major life activity or major bodily function. ARS utilizes flexibility and discretion in determining how recent documentation must be. Changing conditions and/or changes in how a condition impacts the individual may warrant more recent documentation or periodically updated documentation. Generally, sufficient documentation includes: a psychological/psycho-educational evaluation or a letter from medical/mental health provider which includes the below numbered items.

1. Qualifications of Clinician/Provider:

Documentation must be typed on office or practice letterhead, dated and signed by a professional who is licensed or certified in the area for which the diagnosis is made. Name, title, and license/certification credentials must be stated and shall not be family members or others with a close personal relationship to the individual.

2. Diagnosis & History:

A diagnostic statement identifying the disability including ICD or DSM classification along with any relevant personal, psychosocial, medical, developmental and/or educational history.

3. Description of the diagnostic methodology/methodologies used:

A full description of the diagnostic methodology used, including data and measurements from appropriate evaluation instruments. The results obtained should draw a direct link to the diagnosis and the functional limitations of the disability. For cognitive disorders, evaluations should use adult norms.

4. Current Impact and Functional Limitations:
A clear description of the level of severity along with the current impact and functional limitations pertaining to the academic and/or residential settings. Information regarding if symptoms are constant or episodic, and the frequency and/or duration should be addressed.

Please also include information about any treatments, medications, and/or assistive devices/services currently prescribed or in use, should include a description of the mediating effects and potential side effects from such treatments.

5. Recommendations:

Recommendations are welcomed and considered, however ARS makes the ultimate determination on eligibility and reasonable academic adjustments necessary to provide equal access for participation in academic courses, programs and activities. Recommendations should be directly linked to the impact or functional limitations associated with the disability, or medication prescribed to control symptoms and include a clear rationale based on level of impairment.

Emotional Support Animal (ESA) accommodation requests:

As of November 2019, The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations. Also, please be aware that ARS neither requires nor recognizes an ESA "license", "certificate" or "vest" as the basis for establishing the legitimacy of an ESA.

Emotional Support Animal (ESA) documentation should include statements specific to:

- the existing and continuing diagnostic and therapeutic relationship you have with your provider
- your provider?s specific diagnosis of the condition and its severity
- the methodology used to arrive at this diagnosis
the functional limitations resulting from this diagnosis and a clear articulation of how the animal will mitigate these functional limitations

- the observations, evaluations or means by which the provider has determined that an ESA would be a reasonable accommodation

- the provider’s confirmation that the ESA has been prescribed for treatment purposes and as part of a care or treatment plan and is necessary to help alleviate symptoms associated with your condition and how it will be critical in allowing you to use and enjoy university housing services.

Medical providers/diagnosticians may complete the Documentation of Disability Form [1] as a supplement, if needed.

If you have any questions or concerns about the Registration process please refer to our policies [2] or contact us [3].

- This form is for use by program applicants, incoming or current students who have a diagnosed and documented disability and who wish to request accommodations.

- Accommodations cannot be provided retroactively.

- In order for ARS to consider requests for reasonable accommodations including academic, housing and dining accommodations, students must submit the documentation discussed, within the applicable section of the Policy, to ARS at least 14 calendar days prior to the start of the course or the event or time for which the student is seeking accommodations. Please note, returning students with agreed accommodations do not need to submit a Self-ID form for accommodations for any subsequent semesters but must issue notifications to their instructors.

- Similarly, applicants needing accommodations for a selection process or event for admission to an academic program at the University must submit the documentation discussed within this section of the Policy to ARS at least 14 calendar days prior to the need for accommodations.

- Under certain circumstances ARS may be able to identify provisional accommodations pending receipt of further supportive documentation; upon receipt of appropriate
documentation ARS will make a final determination.

- Students seeking accommodations in relation to an **assistantship or paid position** are advised that such a determination is made by the Equal Opportunities and Compliance Office [4].

**Relevant Policy Documents**

https://ars.unc.edu/about-ars/policies [2]
ONYEN * 
Email - if you have one please provide your UNC email address * 
Student Landline Phone No - if applicable/available 
Student Cell Phone No * 
May we contact you by text about your Registration request? For example, concerning an appointment? *
Yes
No
Your program:
Intended major / program of study *

Education Classification *
Undergraduate
Graduate/Professional
Continuing Studies
Distance Ed
Doctoral
Year in School *
Program applicant
Incoming Student
Current first year of program
Current second year of program
Current third year of program
Current fourth year of program
Current fifth year of program
Exchange student
None applicable
Year of enrolment / program start *
Anticipated year of graduation / program completion *

Special groups / populations?
Do you belong to any of the following groups / populations? *

None

Carolina Honors

Visiting Summer Student

C-STEP

Athlete

Veteran

International Exchange Student/Study Abroad Student

Robertson / Morehead-Cain / Johnston / Science Scholar

Transfer student

Summer Bridge

High School Dual Credit

Interinstitutional Program

Carolina Covenant

Carolina Firsts

Other

Disability or medical condition
Type of Disability *

Temporary

Permanent

I identify as a person with accommodation needs best described as: *

Chronic Medical Condition

Neurodiverse - including ADHD, LD, SpLD, ASD...

Deaf or Hard of Hearing
Accommodations I am requesting

I am requesting: *

? Academic accommodations

? Clinical / work placement accommodations

? Residence Hall / Housing accommodations

? Dietary / Dining Hall accommodations

? Placement / Admissions Process

? Campus accommodations - transport etc

? Emotional Support Animal

? Other
Please note that for housing accommodations, you must also complete a Housing Request - https://housing.unc.edu and adhere to their deadlines. Requests for housing accommodations received after the applicable deadline(s) will be considered in so far as it is possible but our capacity to grant reasonable accommodations will be severely impacted by availability. In addition, please note that housing accommodations cannot be extended to existing roommates or potential roommates; housing accommodations are assigned to a qualified individual only.

Have you used accommodations, including resources and services in the past? If 'yes' please give as much information as possible. Please include detailed information about accommodations used on any standardized tests e.g. SAT/ACT/GRE etc. *

Impact Statement *
Please use this box to tell us how the diagnosed disability / medical condition described is impacting you or will impact you at UNC - CH and how the accommodation(s) requested will address these impact; please be as detailed and specific as possible. Please consider skills such as reading, writing, paying attention, mathematics, etc., describe (be specific) the current (or recent) impact of your disability / medical condition in both of the following areas:

a. In Class - lectures, labs, test-taking, presentations, group-work, fieldwork etc.
b. Out of Class - private study, time management, homework, daily living and accommodation / residence needs, getting around etc.

Accommodations / Resources / Services requested *

Semester for which accommodations are being requested / or to start *

Fall 2019
Spring 2020
Summer 2020
Fall 2020
Other

By providing my UNC PID and ONYEN below I affirm that I am electronically signing this document and that by doing so, I acknowledge that: (1) only I, the student or applicant, have filled out this form; (2) this application will not be processed until pertinent documentation of disability has also been provided; (3) the Accommodations and Modifications Committee will consider the accommodations as requested on this form; (4) I authorize the Accommodations and Modifications Committee and individuals providing information in my disability-related documentation to consult as part of the review process; (5) accommodations, if rendered, may not be the same as those I received in high school or at another institution, and will not apply retroactively; (6) the accommodation determination process will take up to 14 days; (7) deadlines are applicable after which accommodation requests in relation to Final examinations cannot be processed.

PID* * ____________________________
ONYEN* * ____________________________
Today's Date *

Month  Day  Year

Submit Self-ID Form

Source URL: https://ars.unc.edu/students/new-applicants/connect-ars

Links
[1] https://ars.unc.edu/students/request-forms/student-documentation-accommodations-and-modifications-committee
[2] https://ars.unc.edu/about-ars/policies
[3] https://ars.unc.edu/about-ars/contact-us