TO THE PROFESSIONAL AUTHORITY PROVIDING DOCUMENTATION: Your help in providing information regarding the student’s health and/or medical condition (or other illness) is appreciated. This information will assist UNSW Disability Services in the assessment of the student’s academic performance.

TO THE STUDENT: You must provide original documentation to Disability Services (Goodsell Building).

Information MUST be provided by a professional authority (such as a doctor or counsellor) who then stamps and signs the form. If they do not have the facility to stamp this form, a separate official certificate should be attached providing ALL the information requested.

This document will remain confidential with Disability Services.

STUDENT’S NAME:  
STUDENT ID:  
DATE(S) ON WHICH STUDENT WAS SEEN:  
NATURE OF CONDITION:  (Attached additional statement if necessary)

DATE(S) OR PERIOD(S) OF EXACERBATED CONDITION OR ILLNESS: FROM:  
TO:

ASSESSMENT OF SEVERITY OF CONDITION OR ILLNESS:  
(Please circle as appropriate)

MILD      MODERATE      SEVERE

YOUR OPINION OF LIKELY EFFECT ON STUDENT’S CAPACITY TO UNDERTAKE THE ASSESSMENT TASK OR EXAM:  
(Please circle as appropriate)

MILD      MODERATE      SEVERE

IF STUDENT REQUIRES AN EXTENSION, RECOMMENDED LENGTH OF EXTENSION: DAYS

PROFESSIONAL AUTHORITY

NAME:  
PROFESSION:  
SIGNATURE:  
DATE:  STAMP