**LETTER OF ATTERTATION**  
**REFERRAL - MEDICAL ASSESSMENT PENDING**  
**ACCESS SERVICE, SASS, UNIVERSITY OF OTTAWA**

Access Service is the appointed unit responsible to assess and establish appropriate academic accommodation once a health practitioner has diagnosed a student with a temporary or permanent disability and for whose disability related functional limitations affect academic performance.

Pending their medical assessment, the student below is requesting special consideration from their academic unit or faculty pending medical assessment. In such instances, Access Service can provide the student with a Letter of Consideration which confirms that the student has provided Access Service with properly documented information validating that a medical assessment is pending.

Your cooperation in completing this document in its entirety, including pertinent dates and official stamp, is required for us to generate the letter of consideration.

*Note 1: The student is responsible for costs associated with completing this certificate.*  
*Note 2: This certificate is intended for the exclusive use of Access Service.*

### STUDENT INFORMATION AND SIGNATURE

<table>
<thead>
<tr>
<th>Student's name: _______________________________</th>
<th>Student Number: _______________________________</th>
</tr>
</thead>
</table>

I understand that this Letter of Attestation will be released to Access Service, SASS, University of Ottawa.

<table>
<thead>
<tr>
<th>Student signature: ______________________________</th>
<th>Date: (yyyy/mm/dd) ______________________________</th>
</tr>
</thead>
</table>

### PROFESSIONAL’S SIGNATURE

Name and title: ____________________________________  
Professional Designation. Please specify: ____________________________________  
(i.e. Family physician, General practitioner, Psychologist, Psychiatrist, Other health care professional)

<table>
<thead>
<tr>
<th>Licence or registration number: ____________________</th>
<th>Signature: _______________________________</th>
<th>Date: (yyyy/mm/dd) ______________________________</th>
</tr>
</thead>
</table>

### PROFESSIONAL’S ATTESTATION – Please complete all information

Patient Name (First, Last) ____________________________, under my care, has been referred to a qualified health practitioner for medical assessment for areas of concern. Medical assessment is anticipated to take place Month________ Day_______, Year________.

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Thank you for taking the time to complete the Letter of Attestation.  
**Please return this form to Access Service: adapt@uOttawa.ca | Fax 613.562.5159**  
Access Service, 55 Laurier Avenue East, Desmarais Building, Suite 3172, Ottawa, ON K1N 6N5  
adapt@uOttawa.ca | Telephone: 613.562.5976 | Fax 613.562.5159