

LETTER OF ATTESTATION
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

Student's name: _____ Student Number: _____

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

Student signature: _____ Date: (yyyy/mm/dd) _____

PROFESSIONAL'S SIGNATURE

Name and title: _____

Professional Designation. Please specify: _____

(i.e. Family physician, General practitioner, Psychologist, Psychiatrist,
Other health care professional)

Licence or registration number: _____

Signature: _____

Date: (yyyy/mm/dd) _____

Please Use Official Stamp

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 _____.

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