Medical Accommodation Form
The University of Alaska Anchorage will grant accommodations to the university’s requirements
when a medical condition exists. All information requested must be provided and all questions must
be answered for your accommodation request to be considered. UAA may request additional
information reasonably needed to evaluate an accommodation request.
This information will be reviewed by the UAA Student Health and Counseling Center. Students will be
notified by UAA email of the outcome of their accommodation request within five business days. If the
decision is not possible in the five-day period, the university will inform the student in u04 Tf
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To the best of my knowledge and ability, the information provided in this form is true and correct and
accurately reflects my sincerely held religious beliefs.
Student Signature: ___________________ Date: _____________________
For the remaining portion of this request, you must provide this form to a medical doctor (MD), doctor
of osteopathic medicine (DO), advanced registered nurse practitioner (ARNP) or physician assistant (PA)
licensed in the State of Alaska to complete and sign. Forms completed by the student or their parents
will not be accepted.