

Verification of a Disability

The Office of Disability Services at Medaille College provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. Current and comprehensive disability documentation from an appropriate provider (unrelated to the student) is required to assist with the provision of appropriate, reasonable accommodations and auxiliary aids. Additional documentation may be required.

To be completed by an appropriate qualified individual

All items are required. Please print or type:

Today's Date: _____
Date of Initial Diagnosis: _____ Date of most recent evaluation: _____
Provider's Name: _____ License # _____
Address: _____ P
Phone: _____ Fax: _____
Student's Name: _____ DOB: _____

Diagnosis: _____
Functional limitation(s) caused by this condition: _____

Current status of condition(s) (e.g. Active, Progressing, Controlled, In Remission): _____

Please list any medications related to the condition(s) that the student is currently taking, including dosage and frequency, if pertinent. Please include any disabling side-effects the student is experiencing: _____

Recommended accommodation(s) or auxiliary aids: _____

Anticipated duration of accommodation(s): _____

For students with the following disabilities, please attach the requested additional information:

Cognitive Disabilities: Most recent testing results (should include tests of aptitude and achievement-full scale, not abbreviated) scores and the clinical narrative.

ADHD/ADD: History of ADHD/ADD, means of diagnosis, and evaluation of current impact.

Psychological, Psychiatric or Emotional Disabilities: Presenting symptoms and treatment. Prognosis if known.

Deaf/Hearing Impairment: Audiogram

Blind/Visually Impairment: Acuity information and, if applicable, CBVH certification number.

Provider Signature: _____

**Please return to:
Office name and address**

I, _____, authorize the above provider to release to the Office of Disability Services the above requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Medaille College.

Signature of student: _____

Date: _____

** If signed by person other than student, state relationship and authority to do so.

Relationship: _____ Legal authority:

Please Return To:

Sarah Mecca, Coordinator of Disability Services
Medaille College Rm: H101
18 Agassiz Circle
Buffalo, NY 14214
Fax: (716) 884-0291
Phone: (716) 566-3088