

Disability Verification Form

Disability Services at Slippery Rock University provides academic services and accommodations for students with documented disabilities. The documentation provided must demonstrate a disability covered by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, as amended in 2008. These laws maintain that an individual with a disability:

- Has a physical or mental impairment that substantially limits one or more major life activities
- Has a record of such an impairment; or
- Is regarded as having such an impairment

Disabilities Covered by the Above Laws

- Learning disabilities (dyslexia, dysgraphia, dyscalculia, etc.)
- Medical health (cardiac disease, diabetes, arthritis, cancer, seizure disorder, etc.)
- ADD/ADHD
- Physical/mobility impairments (ambulatory, wheelchair)
- Deaf/Hard of Hearing and/or other hearing impairments
- Blind or other visual impairments
- Emotional/Psychological (bipolar disorder, depression, anxiety, etc.)
- Autism spectrum disorder
- Traumatic Brain Injury
- Temporary disabilities that only exist for a short period of time (6 months or less) due to injuries, surgery or short-term medical conditions

Purpose

The student named in the student information section of this form is requesting accommodations from Disability Services at Slippery Rock University. Disability Services works with students with documented disabilities who are requesting reasonable accommodations to remove a barrier in their academic program and/or within the University environment. To ensure provision of reasonable and appropriate services, students requesting services are asked to provide documentation using this Disability Verification form that includes the following on pages 2-4:

- Diagnostic information with the date of diagnosis, severity, and medication or treatment prescribed (page 2)
- Identification of major life activities that are impacted and symptoms that may need to be addressed in a university environment (page 3)
- Recommended accommodations for the student, either academic or non-academic (page 3)
- The printed name and signature of a certified/licensed healthcare provider that includes their license number and contact information (page 4)

Student Information*This section must be completed by the student*

First Name	
Middle Name	
Last Name	
SRU Banner ID	
Date of Birth	
Local Address	
Permanent Address	
Cell Phone	
Alternate Phone	
SRU Email	

The remainder of this this document must be completed by a certified/licensed healthcare provider

Diagnostic Information

Primary Diagnosis	
Secondary Diagnosis	
Date of Diagnosis	
Severity (Mild/Moder/Severe)	
Medication or treatment currently prescribed	

Major Life Activities Impacted

What major life activity/activities (including, but not limited to, seeing, hearing, walking, standing, thinking, learning, reading, concentrating, etc.) are impacted by the disability/diagnosis? Please indicate the severity of impact and the limitations for the student.

Symptoms Experienced

In addition to the major life activities that are affected, please list and describe the symptoms experienced by the student that may need to be addressed in the University environment.

Accommodations

Please state specific recommendations regarding both academic and non-academic accommodations for the student.

Additional Information

Please add any additional information that you feel is appropriate to support the student in their request for accommodations.

Healthcare Provider Information

Please ensure information is legible so that Disability Services staff can contact you if needed.

Provider Name	
Provider Title	
License Number	
Address	
Phone Number	
Fax Number	
Email	
Provider Signature	