

## Disability Verification Form

### Part I – To be completed and signed by the student:

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Student ID:</b>	<b>Phone Number:</b>
<b>Email:</b>	

I hereby authorize \_\_\_\_\_ to release/discuss the information below.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Provider – Please Read

#### **Purpose of Disability Verification:**

Disability Services at Columbus State Community College (CSCC) provides academic accommodations for students with documented disabilities. This completed verification form should provide enough information to verify the student has a disability as defined by Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. The form must be completed by a licensed professional (e.g. physician, psychologist, licensed social worker etc.) This form is not sufficient to document a learning disability.

### Part II. To Be Completed by the Provider

#### 1. Diagnostic Information (including DSM V diagnosis if applicable)

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#### 2. Current Medication and Side Effects:

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### 3. Please describe the impact of the student's disability in the educational environment.

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### 4. Impact of Disability on Major Life Activities

Please indicate any major life activities substantially limited by the student's disability with an **X**

Activity:	Impact?	Activity:	Impact?
Concentrating		Organization	
Reading		Social Interactions	
Written expression		Self-care	
Math		Sleeping	
Stress management		Manual Dexterity	
Managing distractions		Vision	
Regular class attendance		Hearing	
Time management			

### 5. Additional Information if available

Please attach any additional documentation that you believe to be relevant (e.g., psychological assessment, neuropsychological evaluation, diagnostic testing, etc.).

#### Provider Credentials:

Print Name and Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

License #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Return form to:

Disability Services  
Columbus State Community College  
550 East Spring St.  
Columbus, OH 43216  
Phone: (614) 287-2570  
Fax: (614) 287-6054  
Email: dsdocumentation@csc.edu