

### Verification of Disability

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**My signature below provides a limited release of the requested information to Ohio Christian University and permits Ohio Christian University officials to consult with the undersigned, only as necessary and described more fully below, for one calendar year from the date indicated below.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above student is requesting an auxiliary aid or service, reasonable academic adjustment, and/or other reasonable accommodation from Ohio Christian University (OCU) due to a disability. In order to ensure the provision of appropriate auxiliary aids and services, reasonable academic adjustments, or other reasonable accommodations, OCU has requested that a qualified healthcare professional provide current and comprehensive verification of the disability. The professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified healthcare professional includes a licensed school psychologist, licensed psychologist, licensed rehabilitation counselor, speech and language pathologist, physician, or other appropriate medical/healthcare professional.

The documentation and information requested by OCU should be comprehensive enough to identify the student's current functional limitations. It should also include information that diagnoses the impairment, indicates the severity and longevity of the impairment, and the qualified professional completing this form may offer suggestions or recommendations for necessary and appropriate auxiliary aids or services, reasonable and appropriate academic adjustments, or other reasonable accommodations.

To facilitate the gathering of such critical information, please complete this form, attach to the diagnostic report, and return to:

Ohio Christian University  
Attn: 504 Compliance Officer  
1476 Lancaster Pike  
Circleville, OH 43113  
[complianceofficer@ohiochristian.edu](mailto:complianceofficer@ohiochristian.edu)

If you have questions regarding this form, please contact:

Ohio Christian University  
Attn: 504 Compliance Officer  
1476 Lancaster Pike  
Circleville, OH 43113  
Phone Number: 740-420-5906  
[complianceofficer@ohiochristian.edu](mailto:complianceofficer@ohiochristian.edu)

1. Current diagnosis (include DSM diagnosis code, if applicable):

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2. Date of current diagnosis: \_\_\_\_\_

3. Expected duration of impairment or disability \_\_\_\_\_

4. Is this student/patient currently under your care? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Please describe how the student's current functioning is limited and/or how a major life function is impacted:

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6. *Optional.* What suggestions or recommendations do you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations for this student?

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7. Please attach any psycho-educational testing and/or reports which provide current information related to the student/patient's disability or impairment, or describe any other information relevant to this student's request for academic adjustment, auxiliary aides or services, or other accommodation (e.g., effect of prescribed medications, exacerbating factors, etc.).

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Healthcare Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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