



Student Disability Information / Verification Form

Please find attached the Release of Information/Verification of Disability form for _____, who anticipates attending (currently attends) Columbia Southern University and/or Section 504 of the Rehabilitation Act of 1973. Certain documentation is required as part of Columbia Southern University's procedures in determining whether this individual qualifies for an accommodation, and if so what accommodation is needed, and whether such accommodation is reasonable. Please provide the information requested in Sections A, B, and C as well as any appropriate documentation describing your diagnosis and recommended accommodations for the above named student (documentation must be typed, signed and dated on letterhead).

Section A-Required for All Disabilities

Qualifications of the diagnosing professional (name, title, licenses, state licenses, and professional credentials):

Diagnosis (date of diagnosis, description, nature and severity of presenting problem, and how this diagnosis will affect the student in an academic setting):

Please list the tests and administration dates used in this diagnosis and evaluation. Please provide a clinical summary indicating the substantial limitation presented by the disability.

This information should be provided by a physician in a separate document, typed, dated, and on letterhead.

Section B-Required for Learning and Mental Health Disabilities

Supporting information should include a) developmental, medical, psycho-social, employment and family history, as appropriate; b) test scores, evaluations(s), determining test(s), and date of testing; c) clinical summary limited to the following:

1. Demonstration of ruled out alternative explanations for academic problems
2. Indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability
3. Indication of the substantial limitation to learning or other major life activity presented by the learning disability/mental health disability and the degree the individual is affected.

This information should be provided by the physician in a separate document typed, signed and on letterhead.

Section C-Required for All Disabilities

Record of any prior accommodation or auxiliary aids, including information about specific conditions in which the accommodations were used that are relevant to the student's current request for an accommodation:

Recommendations for academic or other accommodations, why these accommodations are needed, and how the effects of the specified handicap or disability are accommodated:

Signature of the diagnosing professional: _____

Printed Name: _____

Date: _____