



DISABILITY VERIFICATION FORM

The University of Detroit Mercy is committed to providing equal access to learning opportunities for all students. The Office of Student Accessibility Services, (SAS), collaborates with students with disabilities to arrange reasonable and appropriate accommodations, giving equal access, within the guidelines of the American with Disabilities Act of 1990, (ADA); The amendment of 2008 and section 504 of the Rehabilitation Act of 1973, (Rehab Act).

The purpose of this form is to provide the SAS office with a record of a student's relevant disability information. It will also provide information needed to determine whether a student qualifies for disability accommodations according to the ADA guidelines and which accommodations will provide equal access. It is preferred that Health Care Professionals who have first-hand knowledge of the student's disabilities complete this form.

Please take note of the following:

- The person completing this form should be a Health Care Professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions.
 - To avoid conflict of interests SAS will not accept any documentation provided by family members or close relatives.
- Please complete this form as thoroughly as possible. Inadequate information, illegible penmanship or incomplete fields can delay the review process.
- Medical Professionals should include any documents which provide relevant information regarding the individual's diagnosis.

1. Student Information:

COMPLETED BY STUDENT

Please complete and upload into Accommodate or email to sas@udmercy.edu

Student First name: _____ MI: _____

Last Name: _____

Date of Birth: _____

T# _____

Detroit Mercy Email Address: _____

Cell Phone Number: _____

“I give the Office of Disability Support Services permission to contact my designated physician/clinician to clarify provided information if needed.”

Student Signature

2. Medical Information:

COMPLETED BY LICENSED HEALTH CARE PROFESSIONAL

The remaining documentation forms are to be completed by your physician/clinician and faxed to: 313-578-0342 or emailed to sas@udmercy.edu

Patient's First Name: _____ MI: _____

Last Name: _____

Date of Birth: _____

The information provided should be disability specific.

1. First date of contact with student/patient: _____

2. Last date of contact with student/patient: _____

3. Is the student currently under your care? _____ Yes _____ No

4. Relevant Diagnosis and Date of Diagnosis:

5. Secondary Diagnosis and Date of Diagnosis:

6. What is the severity of the condition?_

Mild _____ Moderate _____ Severe _____

7. List any major life activities that are impacted by the student's disability.

8. Describe any disability-related barriers that need to be addressed in the university setting?

Extra Notes:

9. List symptoms, treatment plans and/or side effects that may impact the student/patient functioning.

10. If the student/patient experiences episodic flare-ups due to the condition, please describe any triggers, the frequency and duration.

**11. Given the disability what are your recommended accommodations?
Please detail your rationale for each.**

12. Are there particular situations or environmental conditions that may exacerbate the condition of the student's symptoms?

13. Please provide additional information or considerations that may aid in determining reasonable and appropriate accommodations.

3. Health Care Professional Information:

COMPLETED BY HEALTHCARE PROFESSIONAL:

1. Health care professional name with credentials:

PLEASE PRINT _____

2. Signature: _____

3. Date: _____

4. Licensure/ Certification Number: _____

5. Facility or Practice Name: _____

6. Address/City/State: _____

7. Phone Number: _____

8. Email: _____

9. Fax: _____

Please return completed form via email to sas@udmercy.edu;
or by fax 313-578-0342.