MARTIN
UNIVERSITY

VERIFICATION OF DISABILITY

Student Success Center

Date: _____

Student ID Number/Program: _____

Student Name:_____

Phone Number: _____

Student Date of Birth: _____

My signature grants the release of the requested information to Martin University.

Student Signature:_____

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from Martin University due to a physical impairment. In order to consider the request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, MU policy requires that a qualified professional provide current and comprehensive verification of the impairment.

To be considered current, the professional statement must be within three (3) years prior to the date of the most recent request of the student. The professional(s) conducting assessments and rendering diagnoses must be qualified to do so. A qualified professional includes: a licensed school psychologist, licensed rehabilitation counselor, speech and language pathologist, physician, or other appropriate medical professional.

The documentation and information provided must be sufficient to support current functional limitations. It should include information that diagnoses the impairment, indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations.

To facilitate the gathering of such critical information, please complete this form, attach the diagnostic report, and fax, scan, or mail to:

Student Disability Services
Martin University
2186 North Sherman Drive
Indianapolis, Indiana 46218

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1. Name of the Diagnosis:

2. Date of diagnosis: _____

a. If temporary, date of expiration

3. What recommendations do you have regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Martin University? (Please describe aids.)

4. Please attach and/or describe other information relevant to this student's academic adjustment.

Date:_____

Printed Name and Title:_____

Address:_____

Daytime Phone Number:_____

Fax:_____

Professional's Signature:_____