



Verification of Disability

This student is requesting disability accommodation from Belmont College. Eligibility determination for services is based on verification of disability which indicates functional limitation in an academic setting.

Student Name: _____ Student ID#: _____

By signing this form, I authorize the following record holder to disclose the following specific confidential information about me: _____

Diagnosis/ Diagnoses	Axis/ ICD 9 Codes: (Optional)
I. _____	_____
II. _____	_____
III. _____	_____

Functional impacts in an academic setting:

Possible effects or side effects of prescribed medication:

Additional relevant information:

Certifying Professional:	
Printed name: _____	Title: _____
License/ Certification #: _____	Phone: _____
Signature: _____	Date: _____

FERPA—An education institution shall obtain a signed and dated written consent from the student before it discloses personally identifiable information from the student’s educational records.

Student Signature: _____ Date: _____

Please submit to: Nick Wittenbrook—Fax: 740.699.3049—Email: nwittenbrook@belmontcollege.edu

