Center for Disability & Access
200 S. Central Campus Drive, Rm 162
Salt Lake City, Utah 84112
Phone: (801) 581-5020
FAX: (801) 581-5487
info@disability.utah.edu

Center for Disability & Access – Disability Verification Form

The Center for Disability & Access (CDA) reviews student's documentation and requests for academic and housing accommodations at the University of Utah. The information requested on this form is only intended to determine eligibility for accommodations as a student at the U, and is not intended to certify disability for other purposes.

This form should only be completed by an appropriate licensed or otherwise properly credentialed professional who is qualified to diagnose and treat the identified condition(s) and who is not related to the student. Documentation provided to CDA is covered by the Family Educational Rights and Privacy Act (FERPA) and all information related to disability is protected, confidential and maintained separately from a student's general academic records.

Please include as much detail as possible to assist us in determining and providing appropriate accommodations for the student. Forms completed without sufficient detail will require additional contact and follow up with the provider. Typed content is preferred. Please attach any documents, records, testing, or evaluations that may be relevant in determining the student's eligibility for accommodations. (This form should not be used to document specific learning disabilities such as a reading, math, or writing disorder.)

Student Information

Student Name _____ Date of Birth _____

What is the student's specific diagnosis/diagnoses or conditions?

When were the diagnoses made (if known)? _____

When did you last see or treat the student? _____

What is the nature of the conditions?

☐ Chronic/Permanent ☐ Temporary

If temporary, what is the expected duration of the conditions?

☐ Less than 3 months ☐ 3 to 6 months ☐ More than 6 months

What are the specific symptoms experienced by the student and the current impact of the conditions on the student's life?
Please include details about the severity, frequency, and duration of the symptoms experienced by the student and if condition is episodic in nature. Please provide detailed information.

What major life activities are affected?

- ☐ Bending
- ☐ Breathing
- ☐ Caring for self
- ☐ Communicating
- ☐ Concentrating
- ☐ Eating
- ☐ Hearing
- ☐ Learning
- ☐ Lifting
- ☐ Performing manual tasks
- ☐ Reading
- ☐ Seeing
- ☐ Sitting
- ☐ Sleeping
- ☐ Speaking
- ☐ Standing
- ☐ Thinking
- ☐ Walking
- ☐ Working
- ☐ Other: (describe)_____

What major bodily functions are impacted?

- ☐ Bladder
- ☐ Bowel
- ☐ Brain
- ☐ Cardiovascular
- ☐ Circulatory
- ☐ Digestive
- ☐ Endocrine
- ☐ Immune System
- ☐ Musculoskeletal
- ☐ Neurological
- ☐ Normal cell growth
- ☐ Respiratory
- ☐ Other: (describe)_____

Provide details about the ways the student's major life activities or bodily functions are affected. (Please be as specific as possible.)

How do the condition(s) impact the student in the academic setting?
(Details about the impact of the condition in the residential setting may also be included if a housing accommodation is part of the student's request.)

Please provide any recommendations for accommodations. **Recommendations should include a rationale for each accommodations based on the functional limitations of the conditions.**

Provider's Name (Print): _____

Provider's Signature: _____

Date: _____ License #: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Email: _____

By signing this form, the licensed provider confirms that they have completed and signed this form, and gives the Center for Disability & Access permission to contact them to verify its authenticity.

Please return this form to the student, submit via email to **info@disability.utah.edu**, fax to (801) 581-5487, or mail to: University of Utah, Center for Disability & Access, 200 S. Central Campus Drive, Rm 162, Salt Lake City, Utah 84112.