



GEORGETOWN
C O L L E G E

Disability Verification Form

Please complete this form to serve as documentation of a disability for a Georgetown College student who is seeking accommodations on campus. Any questions can be directed to accommodations@georgetowncollege.edu or 502-863-7073

Student Name: _____

Today's Date: _____

Name of Provider, Title, Credentials:

Professional Agency:

Licensure/Certification ID: _____

Expiration Date: _____

Information about the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

What is the documented diagnosis and nature of the student's disability (that is, how is the student substantially limited?) What areas does it impact? (i.e. sitting, standing, walking, self-care, reading, speaking, thinking, sleep, learning, seeing, breathing, concentration, communicating, learning, reading, etc.) Please describe symptoms currently experienced by the student and how life activities are impacted by those.

Did you diagnose this student? When and how was the diagnosis reached?

Does the student require ongoing treatment?

Is this student currently under your care? _____

How long has this student been under your care? _____

When was the last time you saw this student? _____

In your opinion, to what extent (mild, moderate, severe) is the disability? How does the disability affect the student's ability to function?

What accommodations do you believe would be *necessary* to alleviate at least one of the symptoms of the student's disability? *How* will it alleviate it?

What are some possible alternatives if meeting your primary recommendation is not possible?

Housing Accommodation Requests Only:

Given the standard housing assignment of a shared traditional room with 1 roommate and community style bathrooms, if not clearly articulated above, please describe and provide rationale for any recommendations you have to accommodate this student's disability in the residence hall space.

Signature of the Provider

Date

Thank you for your willingness and time in completing this form for the student. We may contact you in the event that further information is needed; if contact is made, we will fax you the student-signed Release of Information.

Please return this form to:

Georgetown College

Attn: Devin Harris-Davis, Disability Services Coordinator, Academic Success

400 East College Street

Georgetown, KY 40324

Phone: 502-863-7073

Email: accommodations@georgetowncollege.edu