



## Student Disability Services Disability Verification Form

Student Disability Services (SDS) at Miami University coordinates accommodations and services for students with disabilities. SDS staff engage in an interactive process with the student to implement reasonable and appropriate accommodations to access the classroom and university life. Miami University ascribes to the Association on Higher Education and Disability standards for documenting disabilities. To help in this process, input from the student's medical provider is a valuable source of information.

The clinician or medical provider completing this form should be licensed in the field of expertise to make the diagnosis. Confidentiality of the information provided is ensured and will not become a part of the student's academic record. Please feel free to contact the SDS office with any questions or concerns.

**This form should be completed by a licensed clinical or medical provider and is not to be used to document Specific Learning Disabilities.**

Licensed providers may submit a letter in place of this form if it fulfills all required information listed on this form. Letters must be typed and submitted on professional letterhead, signed, dated, and include the provider's license number. The completed form should be returned to the SDS office identified as the student's primary campus. Thank you in advance for your assistance.

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**This section should be completed by the student:**

(Please TYPE or PRINT)

Student Status: • Current                      • Incoming                      Date of Birth: \_\_\_\_\_

Primary Campus: • Hamilton                      • Middletown                      • Oxford

Student Name (First MI Last): \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_

Student Phone (###-###-####): \_\_\_\_\_

Miami University UniqueID: \_\_\_\_\_@MiamiOH.edu

Release of information: To establish eligibility for accommodation and services, I give the clinical or medical provider completing this form permission to release my medical information to Student Disability Services at Miami University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Student Disability Services Disability Verification Form**

**This section must be completed by the certifying provider:**  
(Please TYPE or PRINT)

Student Name (First MI Last): \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

State the student's diagnosis(es) as per the most recent Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD):

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Date when evaluation was completed: \_\_\_\_\_

Date of last contact: \_\_\_\_\_

What instruments or diagnostic tools were used to determine the diagnosis?

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Describe how the disability may affect the student in the academic setting or university life:

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Provide a summary of the student's educational, medical, and family history that may relate to the diagnosis:

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Please describe current medication(s) and/or treatment(s) currently employed to manage the disability (when appropriate, please include adverse side effects, treatment schedules, etc.):

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Please describe any accommodations and/or services that you feel are reasonable (i.e., extended time on tests, distraction reduced testing environment, etc.):

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