

ALBION COLLEGE

Verification form for Physical Disabilities

The Learning Support Center of Albion College provides accommodations and services to students with physical disabilities. To determine eligibility, this office requires current documentation to be completed by a professional familiar with the student's condition and history.

Student's name _____ **Date of Birth** _____

Diagnosis and date of diagnosis:

Please describe the degree of the impairment and any possible changes in the degree of impairment that might be expected.

List any current treatments, medications (including dosage and side effects), devices or services the student is currently receiving.

Describe the likely impact of the student's disability in the following areas of college life. Please include suggestions for accommodations and services to assist the student in these areas. Include a statement of the level of need for the accommodation.

Living arrangements:

Campus mobility:

Classroom learning:

Studying, reading and writing:

Social activities:

Thank you for assisting us in developing a level of support that will allow the student to take full advantage of college life at Albion College. Any further information you might feel important to share is appreciated.

Professional signature

date

Print Name and Title

Address

Telephone

E-mail

Return this information to the Learning Support Center, Albion College, Albion Michigan 49224

Release of Information

I, _____, hereby authorize the exchange and release of the following confidential information to the Learning Support Center of Albion College for the purpose of determining my eligibility for educational accommodation.

Student signature

date