Albion College
611 East Porter Street
Albion, Michigan 49224

Disability Services
Verification Form for Medical Conditions

To ensure the provision of reasonable and appropriate accommodations and services for students with disabilities, Albion College requires students to provide current and comprehensive documentation of their disability and its impact on academic and campus life experience. To standardize the reporting of information, we ask that you complete the following form. All materials will be kept confidential.

Patient's Name_____ Date_ _/__/_____

I. DIAGNOSIS

Diagnosis:

Date of Diagnosis: __/__/____

Date of last clinical contact with the student: __/__/____

Condition is permanent: _____ temporary: _____

Describe symptoms your patient displays at present and any changes in symptoms that might be expected in the near future:

II. Treatment

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Please list current treatments, medications (including dosage and side effects), devices or services student is currently receiving:

Indicate any changes planned in above when student attends college:

Indicate any expected issues with treatment compliance while the patient is in the college environment including plans to obtain prescription medications, or needed medical care or follow-up.

Indicate frequency and length of absences from campus for treatment if any:

III. Impact of Symptoms on College Life

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Indicate the activities listed below that are impacted and please indicate level of expected impact: 1= none, 2=moderate, 3= high

Life Activity	Impact
Walking	
Seeing	
Hearing	
Speaking	
Sitting	
Standing	
Eating	
Sleeping	
Performing Manual Tasks	
Thinking	
Concentrating	
Memory	
Reading	
Writing	
Attending Class	
Meeting Deadlines	
Other:	

IV. Accommodations

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Please provide specific recommendations for accommodations that may assist the patient in dealing with symptoms. Indicate the relationship between the accommodation and current symptoms. Include a statement of the level of need for the accommodation.

Living Arrangements:

Social Life:

Classroom Learning:

Studying, reading and writing:

Please provide any additional information you feel will be useful to us in assisting this student in being successful at Albion College:

Signature and Contact Information of Physician

Albion College
611 East Porter Street
Albion, Michigan 49224

Signature_____ _____Date___/__/_____

Print Name and Title

Address

Telephone **E-mail**

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

If you have any questions regarding this report please contact Pamela M. Schwartz, Ph.D. Director, Learning Support Center at (517) 629-0825 or email her at pschwartz@albion.edu

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RELEASE OF INFORMATION

Release of Information

I, _____, hereby authorize the exchange and release of the information requested in this form to the Learning Support Center of Albion College for the purpose of determining my eligibility for educational accommodation.
I understand that I have the right to revoke my consent but that this revocations is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation regarding the persons or agencies to who disclosure was made shall be included in my original records. The person who receives the records or information to which this consent pertains may not disclose them to anyone else without my separate written consent.

_____ _____
Student's Signature **Date**