

OWENS COMMUNITY COLLEGE
Disability Resource Center
567-661-7007

VERIFICATION OF DISABILITY FORM

I, _____ (DOB: _____) give permission for the release of information to Owens Community College, for the purpose of establishing eligibility for academic support and/or accommodations.

Student Signature

Date

The student named above has requested an accommodation(s) from Owens Community College because of a disability. A disability is defined under the Americans with Disabilities Act as a "physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: seeing, hearing, speaking, breathing, eating, sleeping, walking, standing, lifting, bending, learning, reading, communication, working, performing manual tasks, caring for oneself, thinking, concentrating, and the operation of major bodily functions. A temporary impairment may include an injury, recovery from surgery, severe illness, or a condition caused by a traumatic event.

Diagnostic information: To be completed by physician psychologist, psychiatrist, or other appropriately trained professional.

1. Diagnosis: _____

ICD Code: _____

2. Date of original diagnosis: _____

3. Date of your last contact with student: _____

4. Procedures/instruments used to determine diagnosis: _____

5. Describe the student's specific functional limitations in an academic environment:

6. Current medications, dosages, and side effects:

Medication:	Dosage:	Side effects:
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Treatment, assistive devices, or services currently in use: _____

8. Please list any additional information:

Signature of appropriate professional _____ Date _____

Print name and title: _____

License number and state of licensure: _____

Address: _____

Phone: _____ Fax: _____

Please return this form and any supporting materials to:

Owens Community College
Disability Resource Center
30335 Oregon Rd.
Perrysburg, OH 43551

Phone: 567-661-7007
Fax: 567-661-7010

11/15/19