

Shawnee State University

The Office of Accessibility Services
1001 4th St. Hatcher Hall
Portsmouth, OH 45662

Phone (740) 351-3106
Fax (740) 539-8827



Verification Form and Request for Accommodations

Name (Last, first, middle initial)

Shawnee ID#

Campus Address

Primary phone number

Email address

Type of Accommodation Request:

I authorize The Office of Accessibility Services at Shawnee State University to receive diagnostic information from my provider.

Provider Name

Student Signature

Date

In order to determine reasonable accommodations for housing, Shawnee State University requires current written documentation of the student's condition from a licensed clinical professional or health care provider. The licensed clinical professional or health care provider must be familiar with the history and functional limitations of the student's condition.

1. **Diagnosis:** Please list all relevant diagnoses. If applicable, please list all DSM-V or ICD Diagnoses (text and code).

2. Describe the symptoms related to the student's condition that cause **significant** impairment in a learning environment.

3. Please state the specific recommendations regarding academics, and a rationale as to why these needs are warranted based upon the student's disability.

All documentation submitted to The Office of Accessibility Services is considered confidential.

Provider Information

I certify by my signature below that I conducted the diagnostic assessment of the student named above.

Signature

Date

Print name and Title

State of License

License Number

Address

Phone