



## Disability Verification Form

### Student Information (to be completed by the student.)

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By my signature below I hereby authorize my health care provider \_\_\_\_\_ to furnish the following information to the Department of Disability Support Services (DSS) at East Carolina University. I understand that relevant information obtained may be shared with other University offices that may be involved in assisting with the establishment of reasonable accommodations.

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

### Provider Information (to be completed by the provider, provider should not be related to the student.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ License #: \_\_\_\_\_

I certify that the information below is true to the best of my knowledge.

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

Please complete the form below in its entirety. If you are unable to answer a section, or it is not applicable, please mark N/A or provide a description of why you are unable to answer. Please provide responses by typing or writing clearly. Illegible forms will delay the documentation review process.

### Disability Information:

**Diagnosis:** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

\_\_\_\_ Permanent/Chronic \_\_\_\_ Episodic: Typical time between flare ups: \_\_\_\_\_  
\_\_\_\_ Temporary (60 days or less) \_\_\_\_ Short term (60-90 days) \_\_\_\_ Long term ( 3-12 months)

**Severity:** \_\_\_\_ Mild \_\_\_\_ Moderate \_\_\_\_ Severe

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**Additional Diagnoses** (please attach additional pages as needed):

\_\_\_\_\_  
\_\_\_\_\_

Please describe the symptoms relating to this diagnosis that may affect the student's participation in the campus community. *Examples: heart palpitations, fidgets or squirms in chair, low blood sugar.*

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According to the Americans with Disabilities Amendments Act, major life activities may include but are not limited to the following, please check all that are **substantially** impacted by the physical or mental impairment of the student. **A substantial limitation is a symptom that has persisted to a degree that is maladaptive and inconsistent with developmental level:**

- |   |   |
|---|---|
| <input type="checkbox"/> Eating                               | <input type="checkbox"/> Social Interactions            |
| <input type="checkbox"/> Sleeping                             | <input type="checkbox"/> Learning                       |
| <input type="checkbox"/> Seeing                               | <input type="checkbox"/> Reading                        |
| <input type="checkbox"/> Hearing                              | <input type="checkbox"/> Concentrating                  |
| <input type="checkbox"/> Speaking                             | <input type="checkbox"/> Thinking                       |
| <input type="checkbox"/> Breathing                            | <input type="checkbox"/> Communicating                  |
| <input type="checkbox"/> Walking                              | <input type="checkbox"/> Memory                         |
| <input type="checkbox"/> Standing                             | <input type="checkbox"/> Managing Internal Distractions |
| <input type="checkbox"/> Lifting                              | <input type="checkbox"/> Managing External Distractions |
| <input type="checkbox"/> Self-care                            | <input type="checkbox"/> Organization                   |
| <input type="checkbox"/> Stress Management                    | <input type="checkbox"/> Motivation                     |
| <input type="checkbox"/> Performing Manual Tasks              | <input type="checkbox"/> Putting Thoughts to Words      |
| <input type="checkbox"/> Operation of a major bodily function | <input type="checkbox"/> Attending Class Regularly      |

○ \_\_\_\_\_

Given the symptoms and functional limitations noted above, please share any recommended accommodations and the rationale connecting the accommodation to the functional limitation. *Example: Student should take exams in a separate location because the student's anxiety is exacerbated by being in a crowded room, and this impairs concentration.*

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