



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

Diagnosis: Date of Diagnosis:

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Severity: Mild Moderate Severe

Additional Diagnoses (please attach additional pages as needed):

Blank lines for additional diagnoses.



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.*

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.*



Disability Verification Form - Housing

East Carolina University's Campus Living, Student Health Services, Counseling Center, and Disability Support Services are committed to supporting students with medical disorders, psychiatric disorders, and other restrictions as they impact the living conditions available on campus.

To be completed by the medical provider:

Please list any substantial limitations specific to housing (living with others, sharing a bathroom, seeing/hearing fire alarms, etc.):

Recommended Accommodations with Rationale:

Please return form to Disability Support Services via email at DSSdept@ecu.edu or Fax (252) 737-1025