

### DISABILITY VERIFICATION FORM

I, (PRINT STUDENT NAME) \_\_\_\_\_, hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation(s), as based on the federal guidelines for the definition of a disability.

Date	Signature of Student	Date of Birth
Student Phone Number	Blue Ridge Student ID	Last 4 digits of Student SSN

**Complete one verification form for each diagnosis.** Please note the following information:

- An *intellectual disability and/or learning disability* diagnosis must be accompanied by a current, appropriate diagnostic evaluation, which includes test scores.
- *Visual or hearing loss* diagnosis must be accompanied by an acuity and/or audiology report that addresses the current impact of the diagnosis, as well as information about the specific assistive technology used by the student.

Diagnosis/DSM V code: \_\_\_\_\_  
 Level of Severity:     Mild     Moderate     Severe

Date of Diagnosis: \_\_\_\_\_      Date of Last Visit: \_\_\_\_\_

Frequency of office visits: \_\_\_\_\_

Does this condition interfere with one or more of the following major life activities? (Check all that apply)

<input type="checkbox"/> Walking	<input type="checkbox"/> Reading	<input type="checkbox"/> Learning	<input type="checkbox"/> Eating	<input type="checkbox"/> Speaking	<input type="checkbox"/> Communicating
<input type="checkbox"/> Lifting	<input type="checkbox"/> Hearing	<input type="checkbox"/> Standing	<input type="checkbox"/> Manual tasks	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Concentrating
<input type="checkbox"/> Working	<input type="checkbox"/> Bending	<input type="checkbox"/> Seeing	<input type="checkbox"/> Thinking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Caring for one's self

Describe the student's condition, symptoms, and the impact on life activities, including academics:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Confidential**

The information is provided by the Student Accessibility Services Office for the purpose of educational planning. We appreciate the respect for the student's confidentiality and the understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Student Accessibility Services Office has received all necessary documentation that substantiates the student's need for academic accommodations.

Treatments, medications (including side effects), assistive devices/services currently prescribed or in use:

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RECOMMENDED ACCOMMODATION(S):

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Provider's Name: \_\_\_\_\_ Title: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

**Please return to:**

Blue Ridge Community College – Student Accessibility Services

180 W. Campus Drive  
Flat Rock, NC 28731

Fax: (828) 696-2446

Email: [c.levine@blueridge.edu](mailto:c.levine@blueridge.edu)

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