

VERIFICATION GENERAL FORM

Excelsior University provides accommodations to persons with disabilities to ensure equal access to educational programs and activities. Current and comprehensive disability documentation from an appropriate provider (unrelated to the student) is required to assist with the provision of appropriate, reasonable accommodations and auxiliary aids. Additional documentation may be required.

This form is to be completed by a medical provider who specializes in the disability, the primary care provider, or other appropriate professional with knowledge of the disability.

**THIS SECTION TO BE COMPLETED BY PHYSICIAN/PROVIDER OR NURSE ONLY,
PLEASE PRINT OR TYPE**

Today's Date: _____ Provider Name: _____

Provider License #: _____ Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

Student Name: _____ DOB: _____

Diagnosis(es): _____

Functional limitation(s): _____

Recommended accommodation(s) or auxiliary aids: _____

Duration (Temporary accommodations only): _____

Provider Signature: _____ Date: _____

THIS SECTION TO BE SIGNED BY THE STUDENT

I authorize the above provider to release to Accessibility Services the above requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Excelsior University.

Student Signature: _____ Date: _____

Please return this form by email. Save/scan to .PDF or take a clear photo, save as .JPG/.PDF and attach.