

## 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 Student Support 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.

#### **Student Support Contact Information:**

**Phone: 877-852-5692 | Email: StudentSupport@excelsior.edu**