



Verification of Disability/Disorder

Excelsior College provides services and 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.

To be completed by:

1. A physician who specializes in the area of the disability, the primary care provider, or other appropriate professional with knowledge of the disability

Please print or type:

Today's Date: _____

Provider's Name: _____ License # _____

Address: _____

Phone: _____ Fax: _____

Student's Name: _____ DOB: _____

Diagnosis: _____

Functional limitation(s) caused by this condition: _____

Recommended accommodation(s) or auxiliary aids: _____

Anticipated duration of accommodation for temporary accommodations only):

Provider Signature: _____ DATE _____

STUDENT RELEASE (sign and date)

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 College.

Signature of student: _____ Date: _____

Please return through the Message Center to Disability/ADA Services, by email to ACS@excelsior.edu, or by mail to Accessibility Services, Excelsior College, 7 Columbia Circle, Albany, NY 12203.