



Engaging Minds. Embracing the World.

### Verification Form for Accessibility Services

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The student named below may be eligible for reasonable accommodations at La Roche College. In order to provide services, we must have documentation of a disability or medical condition that impairs one or more major life functions. This form may be submitted to Student Academic Support Services via fax (Attention: Coordinator of Accessibility and Compliance) at 412-536-1118 or mailed to La Roche College – Student Academic Support Services: Attention: Office of Accessibility Services, 9000 Babcock Blvd., Pittsburgh, PA 15237.

#### TO BE COMPLETED BY THE STUDENT: *(Please print)*

Student name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

La Roche College Email \_\_\_\_\_

I hereby authorize the provider listed below to complete this form and provide information to La Roche College pertaining to my disability and /or medical condition.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

#### TO BE COMPLETED BY A LICENSED PROFESSIONAL: *(Please print)*

Name of provider (please print) \_\_\_\_\_ Phone Number \_\_\_\_\_

This portion of the form is to be completed by a licensed professional qualified to make the diagnosis for which the student is seeking accommodation. It cannot be completed by any family member of the student. **Please provide the following information in full (please be specific). *This form is not valid unless there is a diagnostic statement given, a description of the disability/medical condition is provided, functional limitations are listed, and it is signed and dated in the appropriate place.***

Diagnostic statement \_\_\_\_\_

Description of the disability/medical condition:

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For psychiatric conditions, DSM-5 diagnosis or succeeding equivalent:

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In what settings or on what academic tasks will this disability/medical condition likely manifest itself?

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Please list the functional limitations associated with this disability/medical condition if in a residential academic setting.

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Please list specific services and accommodations that you would recommend for this student.

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The above mentioned disability or disabilities and/or medical condition(s) is/are:

\_\_\_\_\_ Permanent

\_\_\_\_\_ Temporary: Anticipated duration of condition \_\_\_\_\_

Severity is: \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

If there are multiple presenting conditions, please explain the duration of each separately.

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I certify that all the information on this form is true and correct to the best of my professional knowledge.

Signature of licensed professional \_\_\_\_\_ Date \_\_\_\_\_

Title or license type and number if applicable (please print) \_\_\_\_\_

**Please mail or fax this form to:**

Student Academic Support Services  
Office of Accessibility Services  
La Roche College  
9000 Babcock Blvd., Pittsburgh, PA 15237  
Fax: (412)536-1118 Phone: (412)536-1177

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For office use only

Form received: \_\_\_\_\_