



STUDENT LIFE

SERVICES FOR STUDENTS WITH DISABILITIES
UNIVERSITY OF MICHIGAN

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Disability Services Verification Form

Services for Students with Disabilities (SSD) is committed to creating an inclusive and equitable educational environment for disabled students by partnering with students, faculty and staff. One path to access is the implementation of reasonable accommodations. The Americans with Disabilities Act of 1990 (ADA) the ADA Amendments Act of 2008 and Section 504 of the Rehabilitation Act of 1973 requires that access be provided for individuals who have a physical or mental impairment that substantially limits one or more major life activities and/or have a record of such impairment. The purpose of this form is to assist Health Care Professionals in documenting a student's relevant disability information that may aid in the exploration of reasonable accommodations.

IMPORTANT: This form serves as one option (not the only option) for providing disability documentation to SSD; please review our [Helpful Documentation Guidelines](#).

Please take note of the following as you complete this form:

- The person completing this form should be a Health Care Professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include: psychiatrist, psychologist, therapist, counselor, social worker, medical doctor, optometrist, speech-language pathologist.
 - To avoid any conflict of interest, SSD will not accept documentation provided by family members or close relatives.
- Please complete all parts of this form as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields may delay implementation of reasonable accommodations.
- The student or Health Care Professional should include any documents which provide related information (Educational records (IEP, 504, etc.), Medical Records, Audiology Report, or Vocational Assessment, Neuropsychological Evaluation etc. The aforementioned documentation can be submitted in lieu of this document.
- Accommodations, including this document, are part of a student record and protected by FERPA. For further information on FERPA and Student's rights please visit our [FERPA webpage](#).



Student Information: To be Completed by Student

Student name: _____ Date of Birth: _____

Uniqname: _____ UM ID#: _____

Address: _____

City: _____ State: _____

Phone Number: _____ UMich Email: _____

Medical Information

The remainder of this form should be completed by a qualified Health Care Professional

Relevant Diagnosis: _____

Date of Diagnosis: _____ Duration of Diagnosis: _____

Secondary Diagnosis: _____

Date of Diagnosis: _____ Duration of Diagnosis: _____

List any major life activities that are impacted by the student's disability and their severity. Examples: reading, writing, seeing, hearing, concentrating, learning, walking, lifting, etc.

Describe any disability-related barriers that may need to be addressed in the university setting. Examples: in-person courses, online courses, labs, clinical setting, internships, etc.



List symptoms, treatment plans and/or side effects that may impact functioning:

If the student experiences episodic flare-ups due to the condition, please describe any triggers, the frequency and duration.

Please provide additional information or considerations that may aid in the exploration of reasonable accommodations.

Health Care Professional Information:

Health Care Professional Name: _____

Health Care Professional Signature: _____

Date: _____ Licensure/Certification Number: _____

Facility or Practice Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____ FAX: _____

Please return completed form to the student, or submit via email to ssdoffice@umich.edu, or via fax to (734) 936-3947. For questions, contact us at ssdoffice@umich.edu or (734)-763-3000.