

# *VERIFICATION OF DISABILITY*



Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

My signature grants the release of the requested information to Indiana Wesleyan University.

Student Signature: \_\_\_\_\_

The above student requests an auxiliary aid or service, academic adjustment, and/or other accommodation from Indiana Wesleyan University due to an impairment. To consider the request and ensure the provision of reasonable and appropriate auxiliary aids and services, IWU policy requires that a qualified professional provide current and comprehensive verification of the impairment. To be considered current, the professional statement must be **within three (3) years** before the date of the most recent request of the student. The professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed school psychologist, licensed rehabilitation counselor, speech and language pathologist, physician, or another appropriate medical professional.

**The documentation and information provided must be sufficient to support current functional limitations.** It should include information that diagnoses the impairment, indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations.

**To facilitate the gathering of such critical information, please complete this form, attach the diagnostic report, and fax, scan, or mail it to:**

**Disability Services  
Indiana Wesleyan University  
4201 S Washington  
Marion, IN 46953  
Phone: 765-677-2257  
Fax: 765-677-2140  
ADARequest@indwes.edu**

1. Diagnosis: \_\_\_\_\_

\_\_\_\_\_

2. Date of diagnosis: \_\_\_\_\_

If this is a temporary disability, date it will expire: \_\_\_\_\_

3. Do you have any recommendations that would help the student succeed at Indiana Wesleyan University? Are there any aids or services you feel would benefit the student?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Professional's Printed Name and Title:** \_\_\_\_\_

**Professional's Date of and Type of License** \_\_\_\_\_

**Professional's License Number** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_