VERIFICATION OF DISABILITY

INDIANA WESLEYAN UNIVERSITY

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 auxiliary aid or service, academic adjustment, and/or other accommodation from Indiana Wesleyan University due to 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 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 & Accessibility Services
Indiana Wesleyan University
4201 S Washington
Marion, IN 46953
Phone: 765-677-2257
Fax: 765-677-2140
ADARequest@indwes.edu

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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: _____

Office Phone Number: _____ **Office Fax:** _____

Office Address: _____

_____

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