

NORTHLAND COLLEGE

DISABILITY VERIFICATION AND ACCOMMODATION REQUEST FORM

Student name: _____ Student ID: _____

Northland College provides reasonable accommodations to students with disabilities in accordance with applicable state and federal law. To determine eligibility for an accommodation, Northland College requires that the student be a qualified individual with a disability (i.e. have a physical or mental impairment that substantially limits one or more major life activities) and submit current documentation from an appropriate licensed professional or healthcare provider with relevant background and training. The submitted documentation must include the history, functional limitations, and expected duration of the student's disability. In addition to the information requested below, please attach any supplemental information or documentation which will assist Northland College in assessing your limitation(s) and determining necessary accommodation(s). Please note that requests may be denied in the absence of adequate supporting documentation.

STUDENT AUTHORIZATION (to be completed by student)

I hereby authorize the licensed professional or medical provider referenced below to disclose protected medical information requested by this Disability Verification and Accommodation Request Form to Northland College. This medical information may be used by Northland College to make a proper determination of necessary accommodations. I also authorize my provider to discuss my health condition(s) with the appropriate Northland College personnel to make a proper determination of necessary accommodations.

I understand that this authorization is voluntary and will remain effective for four years from the authorization date, unless I submit a revocation in writing to Northland College. I understand that a revocation is not effective to the extent that Northland College or the licensed professional or medical provider referenced below has already acted in reliance on my authorization. I understand that my treatment, payment, enrollment or eligibility for health benefits will not be conditioned on whether I sign this authorization. I also understand that Northland College, or the licensed professional or medical provider referenced below, may disclose this information and that the information may no longer be protected by federal or state law. Accordingly, Northland College and the licensed professional or medical provider referenced below are hereby released from legal responsibility or liability for the disclosure of the information requested by this form.

My signature also indicates that the statements and documentation provided with this form have been completed by the appropriate licensed professional, healthcare provider, or their designee. I understand that providing false information is a violation of the Northland College Student Code of Conduct and may result in disciplinary action.

Provider name: _____

Student signature: _____ Date: _____

NORTHLAND COLLEGE

STUDENT ASSESSMENT (to be completed by licensed professional or healthcare provider)

As the licensed professional or health care provider completing this form you must be familiar with the history and functional limitations of the student's condition(s) and have the relevant background and training necessary to diagnose the student's condition(s). You are not eligible to complete this form if you are related to the student. The documentation that supports the student's request should reflect your own responses to the questions on this form.

Provider Name: _____ Title: _____

State of Licensure: _____ License No.: _____

Address: _____

Phone No.: _____ Fax: _____

Provider Signature: _____ Date: _____

1. When was the student's first clinical visit with you? _____

2. When was the student's latest clinical visit with you? _____

3. Is the student currently under your care? Yes No

4. State the diagnosed physical or mental health impairment(s). If applicable, list all DSM-V or ICD diagnoses (text and code):

5. What information did you collect and/or review to arrive at your diagnosis?

NORTHLAND COLLEGE

6. How does the disability currently impact the student?

7. What is the expected duration of the student's impairment(s)?

8. Describe the severity and/or frequency of the student's impairment (e.g., symptoms, functional limitations, or other substantial impact on ability to perform major life activities):

9. Identify any factors that may affect the severity of the impairment, and to what degree might the impairment be minimized by medication or other aids:

10. Describe and explain the relevance of any medical and/or educational information that you are providing along with this form:

NORTHLAND COLLEGE

11. Please list your recommendations for accommodations that are necessary to provide the student with equal access and opportunity to Northland College's programs, activities, and services. Please provide an explanation or rationale for any recommendation with data from your medical evaluation, the student's educational record, or other relevant sources (i.e. information supporting that the requested accommodation is necessary to assist the student in overcoming the functional limitations caused by the disability). If available in a separate report, please attach that report.

12. Describe the likely impact on the student if the accommodation request is not met.

13. Describe any current or past accommodations and the effectiveness of those accommodations:

Please submit completed form and additional documentation to:

Office of Accommodations
1411 Ellis Avenue, Ashland, WI 54806
accommodations@northland.edu

For questions regarding completion of this form, please contact
the Office of Accommodations at (715) 682-1340