YORK College
The City University of New York

Center for Students with Disabilities (CSD)
94-20 Guy R. Brewer Blvd., AC - Room 1G02
Jamaica, New York 11451
Phone (718) 262-2191 Fax (718) 262-2364

VERIFICATION OF DISABILITY

Student Name (Please Print)**:** _____ **Last four digits of SSN:** _____

I am requesting academic support services through the Center for Students with Disabilities (CSD) at York College. The City University of New York requires current and comprehensive documentation of my disability. *Please respond to the following questions as soon as possible and return to me. I authorize the Center for Students with Disabilities (CSD) at York College to contact you if clarification is needed.*

Student's Signature: _____ Date**:** _____

Physician/Provider Name (Please Print)**:** _____

Title: _____

License # _____ **Phone #** _____ **Fax #**_____

Organization & Address: _____

_____

1. Diagnosis(es)_____

_____

_____

2. Level of severity ☐ **Mild** ☐ **Moderate** ☐ **Severe**

3. Duration ***(This section must be completely filled out for the student to receive services.)***

☐ **Permanent** Diagnosis date _____/_____/_____

☐ **Chronic** Diagnosis date _____/_____/_____ ***(Likely to last for duration of college attendance)***

☐ **Temporary** Date disability will end: ____/____/____ ***(Accommodations not necessary after this date)***

4. Please list procedures/assessments used to diagnose this student's condition. _____

_____

5. What treatment and/or medications are currently being used? _____

_____

6. What are the functional limitations or symptoms? _____

_____

7. How does this condition (or effects of medication) limit this student's ability to learn or to meet the demands in a university setting? _____

_____

8. Recommended Accommodation(s) based on diagnosis: _____

_____

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified healthcare provider.

Provider's Signature: _____**Date:**_____

All information on this form is confidential under FERPA and is not a part of the student's academic record.