



## Student Accessibility Services Disability Verification Form

National University • 9399 Lightwave Avenue • San Diego, CA 92123 • [sas@nu.edu](mailto:sas@nu.edu)

To Evaluator: Student Accessibility Services (“SAS”) provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. Federal disability laws define a disability as an impairment that substantially limits one or more major life activities, such as walking, seeing, hearing, speaking, breathing, eating, caring for one’s self, performing manual tasks, and working. Current and comprehensive documentation from a health care provider is required to assist with the determination of eligibility for disability services, the provision of appropriate and reasonable accommodations, and/or auxiliary aids. All decisions regarding appropriate disability services and accommodations to achieve equal access will be made by SAS. SAS appreciates the input of medical experts on the access needs of the student in post-secondary education. Additional documentation may be requested.

The information below is to certify that this document has been completed by a licensed practitioner or professional qualified in the appropriate specialty area.		
Name: _____	Medical Facility: _____	
Address: _____		
City: _____	State: _____	Zip: _____
License Number: _____		
Phone Number: _____	Fax Number: _____	
Signature: _____	Date: _____	
<i>If you have any questions about completing this form or the application, please contact Student Accessibility Services for assistance at (858) 521-3967 or <a href="mailto:sas@nu.edu">sas@nu.edu</a>.</i>		

**Student’s Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Impairment:** \_\_\_\_\_ **Severity of Condition:** Temporary    Recurring    Permanent

**Describe how the impairment substantially limits one or more major life activities.**

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**What are the implications for completing coursework activities caused by the impairment?**

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**Recommendations for accommodations within the post-secondary school setting (must be clearly linked to functional limitations/impact):** \_\_\_\_\_

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**Is there additional information you feel is important for the SAS department to be aware of when determining appropriate accommodations?** \_\_\_\_\_

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Please note: The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. For more information check out the following link: <http://www.eeoc.gov/laws/statutes/gina.cfm>.

I, \_\_\_\_\_, authorize my health-care provider above to release to SAS the medical information requested on this form for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at National University.

Signature of patient: \_\_\_\_\_ NU ID Number: \_\_\_\_\_ Date: \_\_\_\_\_