

VERIFICATION FORM FOR STUDENTS WITH DISABILITIES

In order to evaluate how the University of Scranton can best meet a student’s need for academic accommodations, the University requires current documentation from a licensed clinical professional or health care provider that complies with the Education Testing Service (ETS) documentation criteria. Also, to facilitate the process the University requires the student to complete this form and sign the Authorization to Receive Information below. It is the responsibility of the student to provide this verification form and appropriate documentation to the Center for Teaching and Learning Excellence in order to receive and review accommodation requests.

To be completed by the student. Please print or type.

Student’s name (first, middle, last) _____

Royal ID: _____ Email: _____

____ Male ____ Female Date of Birth: _____ Current Semester: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Authorization to Receive Information I authorize The University of Scranton to receive the third party documentation from the provider below. The documentation should include a specific diagnosis of disability, the functional limitations that result from the disability, and suggested accommodations that will allow students equal access to our educational programs. I understand that additional documentation may be required in order to support specific accommodations. I also authorize my provider to discuss my disability with the appropriate and qualified University personnel on an as-needed basis.

Name of provider: _____

Address: _____

(OPTIONAL) I authorize the University of Scranton to exchange applicable information with the following person(s) on my behalf:

Name: _____ Relationship to student: _____

Address: _____ Phone number: _____

Student’s signature: _____ Date: _____

Please email the completed form to disabilityservices@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.

Submission Dates by which the University needs to receive requests in order to avoid a delay in providing accommodations:
Academic First Year.....June 1st
Housing First Year.....June 1st
Housing Upperclass.....January 31st