

Disability Verification Form



ROCKY MOUNTAIN COLLEGE

The student named below is eligible for disability support services at Rocky Mountain College. The office of Disability Support Services requires documentation of a student's disability. Your prompt return of this form will help ensure that this student receives appropriate support services.

STUDENT'S NAME: _____

Last four digits of SS# _____

DOB ____/____/____

I authorize the release of information requested below to Disability Support Services at Rocky Mountain College.

Student's Release Signature _____ **Date** _____

TO BE COMPLETED BY A LICENSED/CERTIFIED PROFESSIONAL

1. Diagnosis _____
2. Disability is: Permanent Temporary
3. Level of Severity: Mild Moderate Severe Partial Remission
4. Date(s) of diagnosis ____/____/____ 5. Date of last office Visit ____/____/____
6. How does the disability substantially limit the student's ability to function in an academic environment:

7. Currently prescribed medication related to disability:
Medication _____ Effects/Side Effects _____

8. For a mobility limitation: Does the student use a wheelchair? Yes No
9. For a visual impairment: Visual Activity: Left _____ Field: Left _____
Right _____ Right _____

Recommended Accommodations for Specific Disability:

I certify that the above referenced client/patient has a disability that "substantially limits one or more major life activities of such individual" as defined by the Americans with Disabilities Act. I also certify that I possess the necessary professional qualifications to document the client's/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional: PRINTED _____ Title: _____

Signature of Professional: _____

License/Certification #: _____ Date: ____/____/____

Address: _____

Phone: _____ Fax: _____

Email: _____

Thank you. Please return to:

Lisa Laird, Disability Support Services, Rocky Mountain College, 1511 Poly Dr., Billings, MT 59102

(or) Fax to: 406.259.9751