



DISABILITY VERIFICATION FORM

Purpose: The information you provide will be used to determine the nature and severity of the student’s condition and the appropriateness of requested accommodations or services.

Student Instructions: Your treating healthcare provider must complete and sign this form. For guidance on selecting a provider, visit Mercer’s Access and Accommodations Office website at access.mercer.edu/students/apply-for-accommodations. Additional or more recent documentation may be required. Some university offices may be restricted from completing this form when a conflict of interest exists.

Provider Instructions: Please take the time to complete this form in its entirety, providing as much detail as possible.

Student Name _____

Diagnosis(es) _____

Onset of Condition(s) _____

Date of Last Visit for Condition _____

Current Status (e.g., Active, Progressing, Controlled, In Remission) _____

Expected Duration of each diagnosis (e.g., lifetime, one year, one semester, one month) _____

Recommended Accommodations: Specify accommodations related to the student’s disability that are necessary for full participation in university programs, activities, and services.

Living on Campus: Please describe how this student's condition affects their ability to live in campus housing.

Attendance: If the student is unable to attend/participate in class, clinical activities, student teaching, etc., please explain the reason.

Learning: Please describe how the student's learning could be impacted.

Testing: If the student's testing is impacted, please explain.

Name of treating healthcare professional _____

Specialty _____

State-issued license and number _____

Address _____

Telephone: _____

Signature _____ Date _____

By signing this, I verify that the information disclosed in this form is accurate to the best of my professional knowledge and that I have no familial relationship with the student, either by blood or marriage.

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). FERPA information is available upon request.

Questions? Please call us.

Macon: **(478) 301-2810**

Atlanta: **(678) 547-6479**

Ready? Please send the form.

Email: access@mercer.edu

Confidential Fax: (478) 301-2127

Thank you for your assistance.