FRANKLIN UNIVERSITY

201 S. Grant Ave.
Columbus, OH, 43215
franklin.edu

Verification of Psychological Condition and/or Chronic Medical Condition

The Office of Accessibility Services at Franklin University provides services and/or accommodations for students with documented disabilities to facilitate equal access to educational opportunities. To determine eligibility for accommodations, current and comprehensive documentation regarding a physical or psychological condition and its impact on the students functioning is required from a licensed medical professional or someone who is qualified to diagnose and treat the particular condition(s).

Authorization to Release Medical Information/Records

Due to my medical condition, I have requested course, classroom, and or testing accommodations from the University. The primary purpose of this authorization is to provide medical documentation to establish the required accommodations.

I AUTHORIZE the release of medical information/records concerning me to the Office of Accessibility Services at Franklin University.

I AUTHORIZE qualified healthcare professionals who have treated me to discuss my care and treatment they have provided to the staff of the Office of Accessibility Services.

I UNDERSTAND that by requesting this information, I am waiving my rights to physician/patient confidentiality for which I am entitled.

I UNDERSTAND that the medical information that I have authorized for disclosure is confidential and will not be released without my permission, except to the staff in the Office of Accessibility Services.

I have read and understand the terms of this authorization.

Signature ____

Print Name ____

Date ____

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Student Information

Name of Student ____________________________

Date of Birth ________________________________

Date of Last Contact ________________________________

Diagnosis ____

Date of Diagnosis ____________________________

Is this a Temporary or Permanent Condition? Temporary ☐ Permanent ☐

Major Life Activities Impacted

Below is a checklist of the major life activities that could be impacted by a physical, chronic, or psychological medical condition. Please check all that apply, indicating the severity of impact.

Major Life Activity	*No Impact*	*Mild Impact*	*Moderate Impact*	*Substantial Impact*
Talking	☐	☐	☐	☐
Hearing	☐	☐	☐	☐
Seeing	☐	☐	☐	☐
Learning	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Interacting with others	☐	☐	☐	☐

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How might this condition substantially limit the student's functioning in a university academic setting (e.g., unable to concentrate or sit for long periods of time, walk certain distances, frequent breaks, etc.)?

List all current medication(s) and related side effect(s) that may impact the student's academic performance.

What are your recommendations for reasonable accommodations or auxiliary aids? Please provide a rationale based upon the functional limitations of this student in an academic setting.

I certify that I have completed this form accurately and to the best of my ability.

Signature ____

Printed Name ____

Date ____

Carla H. Waugh
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Phone 614-947-6753
accommodate@franklin.edu

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