# Verification of Psychological Condition and/or Chronic Medical Condition

The Office of Disability Services (ODS) provide services at both Franklin University and Urbana University (University). The ODS at the 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 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 ODS at the University.

I AUTHORIZE qualified healthcare professionals who have treated me to discuss my care and treatment they have provided to the staff of the ODS at the University.

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 ODS.

I have read and understand the terms of this authorization.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 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** |  |  |  |  |

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Carla H. WaughDisability Services Coordinator 201 South Grant AvenueColumbus, Ohio 43215Phone 614-947-6753Fax 614-255-9518 accommodate@franklin.edu | Franklin University and Urbana University does not discriminate on the basis of age, religion, race, ethnicity, color, national origin, ancestry, immigration status, sex, sexual orientation, gender identity or expression, marital or familiar status, disability, veteran or military status. For inquiries about Franklin University’s non-discrimination policies, please contact the Dean of Students Office, Otte Student Services Center, 201 S. Grant Ave., Columbus, Ohio 43215, 614-947-6758, advocate@franklin.edu. For inquiries about Urbana University's non-discrimination policies, please contact the Executive Director of Student Affairs, Blackmer Hall, 579 College Way, Urbana, Ohio 43078, 937-772-9200, StudentServices@urbana.edu. |