Disability Services
UNIVERSITY OF COLORADO **BOULDER**

Disability Verification Form

To determine appropriate accommodations, the University of Colorado Boulder must have verification of a disability and of the resulting functional limitations. Information on this form will be used in confidence for the **academic and/or residential benefit** of the student. Inadequate information, incomplete answers, or illegible handwriting may delay the process. **Please attach additional documents that may be relevant in determining the student's eligibility for accommodations.**

First Name_____M.I._____Last Name_____Date of Birth_____

Date first seen _____ Date Last Seen_____ Total number of sessions_____

DSM-V or ICD-10 Diagnosis(es)_____Date of Primary Dx _____

The above documented diagnosis is: ☐ permanent/chronic ☐temporary until _____

What tools or methods were used to evaluate the student's symptoms and make the diagnosis(es)?

Describe medications prescribed to the student and any side effects/functional limitations resulting from treatments or medications.

If the student experiences episodic flare-ups due to the condition, please describe any triggers, the frequency and duration, and the types of services (e.g., individual therapy, medication, etc.) for management and recovery of a flare-up episode.

Describe the functional limitations and severity of impact on the student in an academic setting. Please note accommodations will be determined based on documented, specific functional limitations.

Disability Services
UNIVERSITY OF COLORADO **BOULDER**

Disability Verification Form

Indicate the student's requested residential accommodation(s) - in the context of housing and/or dining.

Describe the functional limitations and severity of impact on the student in a residential setting - in the context of housing and/or dining. Please note accommodations will be determined based on documented, specific functional limitations.

Describe the relationship/nexus between the functional limitations associated with the disability and the need for each requested residential accommodation to afford equal opportunity to use and enjoy university housing and/or dining.

For Assistance/Emotional Support Animal Requests: Describe how the animal works, provides assistance, performs tasks for the benefit of the student with a disability, or provides therapeutic emotional support that alleviates one or more of the student's identified symptoms of the existing disability.

Licensed Provider Name (Print):_____ License #: _____

Address:_____

Phone:_____ Fax:_____ Email: _____

Licensed Provider Signature:_____ Date: _____

Please return this form to the student, or submit via email to dsinfo@colorado.edu, or via fax to (303) 492-5601. For questions, contact dsinfo@colorado.edu or (303) 492-8671.