



**Marshall B.  
KETCHUM UNIVERSITY**

Office of Student Affairs

**Disability Verification Form**

**Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I am requesting accommodations for one or more disabilities through the Office of Student Affairs at Marshall B. Ketchum University (MBKU). MBKU requires current and comprehensive documentation to establish the existence of a disability and explain the need for an accommodation so that it can evaluate my eligibility for disability-related accommodations and/or services at MBKU. MBKU will make the ultimate determination concerning my eligibility for accommodations at MBKU. Please complete this form and return it to me or send it directly to the Office of Student Affairs by mail or email.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician/provider name (print):** \_\_\_\_\_

**License/Credentials:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address and Phone:** \_\_\_\_\_

MBKU strives to ensure that qualified students with disabilities are accommodated to best assure the successful completion of academic requirements and to obtain the benefits of participation in the academic community. Students with disabilities must still satisfy essential academic program requirements, with or without accommodation.

The ADA, in pertinent part, indicates that an individual with a disability means a person who: (1) has a physical or mental impairment which substantially limits one or more major life activities; or (2) has a record of such impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It also includes major bodily functions such as, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The student named above is requesting an auxiliary aid or service, academic adjustment, and/or accommodation due to one or more disabilities. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, MBKU requires documentation about the existence of a disability and the need for an accommodation for that disability from a qualified professional. MBKU only needs this information pertaining to any disability for which the student is seeking an accommodation.

**The area below must be completed by the professional listed above.**

**Diagnosis(es):** \_\_\_\_\_

**Describe the impairment(s):** \_\_\_\_\_

\_\_\_\_\_

**Severity of the impairment(s):** \_\_\_\_\_

**How long will the impairment(s) likely persist?** \_\_\_\_\_

**Current Status of Condition:** \_\_\_\_\_

**Is re-evaluation recommended, and if so, when?** \_\_\_\_\_

Please also attach documentation that addresses the following questions about the impairment(s) and please be as specific and detailed as possible:

1. List the functional limitations of the impairment(s).
2. Describe what exacerbates the specific impairment(s).
3. Describe the impact of the impairment(s) (and/or current treatment), including the activity or activities that the disability limits and the extent to which the disability limits the ability to perform the activity or activities. MBKU seeks this information to better understand the impact of the impairment(s) in education setting, so please be sure to address that impact (e.g., on the student's ability to learn or meet the demands of the University setting, and/or clinical requirements) in your response.
4. Identify any reasonable accommodations (auxiliary aids or services, academic adjustments or other reasonable accommodations for the impairment) that you believe may be necessary in order for the student to participate in the University program, activities and services.

This information is current and accurate to the best of my knowledge based on my recent evaluation of this student or my review of records of a recent evaluation by a qualified professional.

**Signature of Treatment Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

**License number:** \_\_\_\_\_

Thank you for your assistance. You may send your report to the Office of Student Affairs via email at [StudentAffairs@ketchum.edu](mailto:StudentAffairs@ketchum.edu). Please call 714-449-7444 if you need additional information. Please attach the additional report that is required to process this application. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).