



## Section II: Physician Verification Form

The College of Our Lady of the Elms (Elms College) makes every effort to provide reasonable accommodations to students with documented disabilities. All accommodations for students with disabilities are handled via the office of Student Accommodations and Support Services (SASS), a division of the Center for Student Success.

In compliance with Section 504 of the Rehabilitation Act of 1973 and the implementing regulations 34 CFR part 104 (barring discrimination on the basis of disability) and the Americans with Disabilities Act (ADA) of 1990, and the implementing regulations in 29 CFR part 1630 (1992), Elms College has established specific guidelines for students seeking accommodations.

A qualified medical professional who has previously and/or is currently treating the student is to complete the below information, providing verification and details regarding the student’s diagnosed physical and/or psychological disability/impairment.

*For students with diagnosed learning and/or intellectual disabilities, as well as Attention Deficit Disorder/Hyperactivity Disorder (ADD/ADHD), comprehensive testing with diagnoses listed (e.g. psychoeducational testing) must be provided in lieu of this form.*

Please print legibly. Incomplete forms may result in delays with accommodation determination.

Student’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

A. Diagnosed Disability/Impairment with DSM/ICD Code(s):

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

B. Is the diagnosed disability:  temporary (less than 6 months)  permanent (greater than 6 months)?

C. Details of limitations as they relate to the aforementioned diagnoses and higher-education courses, housing, dietary needs/restrictions, and activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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D. Accommodation recommendations, as they relate to the aforementioned diagnoses and higher-education courses, housing, dietary needs/restrictions, and activities.

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E. Complete the required following information to verify the information provided on this document is accurate and valid.

Name and Professional Title:

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Licensure/Certification Number:

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Phone Number:

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Address:

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Signature:

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

Once complete, please submit directly to Tiffani Ashline, Director of Student Accommodations & Support Services (SASS) for Elms College via one of the following options. You can also provide the student with the form for them to submit.

Secure E-Fax: 413-474-7188

Email (as an attachment): [sass@elms.edu](mailto:sass@elms.edu)

Mailing Address:

Elms College  
Attn: Tiffani Ashline  
Alumnae Library, 2nd Floor  
21 Springfield Street  
Chicopee, MA 01013