



Section II: Physician Verification Form

Overview: In accordance with the Americans with Disabilities Act (ADA) of 1990, Americans with Disabilities Act as Amended (ADAA) of 2008, Section 504 of the Rehabilitation Act of 1973, and the Fair Housing Act (FHA), Elms College makes every effort to provide reasonable accommodations to students with documented disabilities who meet the College’s eligibility and verification requirements. 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 (CSS).

Directions: 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.

Do NOT complete for students with learning disabilities, intellectual disabilities, Speech/Language disorders, and/or other disabilities that require diagnosis through a battery of professional testing and assessment(s). Rather, the student is to submit their comprehensive testing with diagnoses listed (e.g. psychoeducational testing and/or IEP) in lieu of this form.

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

Student/Patient Full Name: _____

Date of Birth: _____ Elms 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.

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

Full Name and Professional Title:

Licensure/Certification Number:

Office Phone Number:

Office Address:

Physical Signature (NOT TYPED):

_____ 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.

*Provide the respective student/patient with the forms for them to submit.

*Secure E-Fax: 413-474-7188

*Email (as an attachment): sass@elms.edu

*Physical Mailing Address:

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