

Syracuse University Center for Disability Resources
Provider Verification Form for Students with Psychological/Attention Deficit Disorders
Medical, Sensory and Health-Related Conditions

Students Name: _____ SU ID: _____

Campus or Home Address: _____

Contact Number#: _____ E-Mail: _____

***I authorize Syracuse University to receive information from the provider listed below. I also authorize my provider to discuss my disability/s with the appropriate University personnel to make a proper determination of necessary accommodations. My signature also indicates that the appropriate healthcare provider or their designee has completed the statements and documentation. I understand that providing false information places me in violation of the Syracuse University Student Code of Conduct and subjects me to any applicable sanctions.**

Provider Name: _____

Contact Information: _____

Student Signature: _____ Date: _____

To ensure the provision of reasonable and appropriate services for students with psychological, attention deficit, medical, sensory or health related conditions at Syracuse University, a licensed professional (e.g. physician, psychiatrist, psychologist or certified social worker) must provide current and comprehensive documentation of the student's disability/condition.

1. DSM-V/Medical Diagnosis: _____

2. Date of Diagnosis: _____

3. Date of your last contact with the student: _____

4. What instruments/procedures were used to diagnose the condition?

5. What major life activity does this condition impact?

6. Please describe the current symptoms of this condition and your on-going relationship regarding their treatment plan.

7. Is this student currently taking medication for this condition? _____ No

If yes, what is the medication? _____

Please describe any possible side effects of the medication.

8. Please describe the impact of this condition in the educational environment and/or access to university living so that we can determine if the specific academic adjustments and/or auxiliary aids are necessary to ensure equal access.

9. Are there any recommendations for this student that you can offer regarding strategies and/or adjustments to mitigate potential environmental barriers while they attend Syracuse University? If so, please specify below.

Please attach any additional documentation that you believe relevant to the development of this student's comprehensive academic adjustment plan.

Signature _____

Print Name and Title: _____

License# _____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Return Form to:

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