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## USI DISABILITY RESOURCES VERIFICATION OF DISABILITY

**Please take this cover sheet to an appropriately licensed professional. Ask that they attach testing results/documentation that addresses the elements in section 1 and complete section 2.**

*\*Documentation must be submitted by a qualified practitioner who is not a family member of the student.*

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Student's full name \_\_\_\_\_

Student's email \_\_\_\_\_ Phone \_\_\_\_\_

**1. Required: Please submit relevant testing and/or documentation of the disability that is current and comprehensively addresses the relevant elements below.**

**\* Please do not submit medical chart notes. \***

- Typed on letterhead, dated, and signed by a qualified professional.
- Diagnostic statement with any related diagnostic methodology including whether this rises to the level of a disability. (A diagnosis alone is not sufficient documentation.)
- Statement addressing the impact the diagnosis and/or treatment may have on this student in an academic setting.
- Severity and/or expected progression.
- Current medication(s) and any related side-effects (if applicable).

**2. This section must also be completed.**

- Is the condition: Temporary      Stable      Variable      Progressive      (circle one)

- Which major life activities are affected?

\_\_\_\_\_

- Please list the student's Medical or DSM diagnosis here: \_\_\_\_\_

\_\_\_\_\_

- Professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This page without an attachment (described in section 1 of this form) is not sufficient documentation. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process. If you have any questions, please contact us.**

PLEASE RETURN TO:

USI Disability Resources, SC2206

8600 University Boulevard, Evansville, IN 47712

Phone: 812-464-1961    Confidential Fax: 812-464-1935

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