UNIVERSITY of NORTH CAROLINA WILMINGTON

DISABILITY RESOURCE CENTER

# DISABILITY VERIFICATION FORM

## Student Information (to be completed by the student)

Name: _____ UNCW 850#: _____ UNCW Email: _____

I hereby authorize the release and exchange of the following information to the Disability Resource Center (DRC) at the University of North Carolina Wilmington. I understand that relevant information obtained may be shared with other University offices that may be involved in assisting with the establishment of reasonable accommodations.

Signature: _____ Date: _____

## Provider Information (to be completed by the provider)

Name: _____ Title: _____

License No: _____ State of Licensure: _____

Address: _____

Phone: _____ Fax: _____

I, the undersigned, certify that the information provided for the student is true and correct to the best of my knowledge. I confirm that I am licensed or otherwise qualified to diagnose the conditions listed below, have adequately evaluated the student, can produce record of such evaluation, and am not related to the student by blood or marriage.

Signature: _____ Date: _____

## Disability Information (to be completed by the provider)

Provide complete answers for all questions. Incomplete documentation will delay a student from registration and access to accommodations. If you are unable to provide a response for a question, please indicate the reason.

**Is the student currently under your care?** ☐ Yes ☐ No

**Diagnosis** (include DSM-V Code, if applicable): _____ **Date of Diagnosis:** _____

☐ Permanent/Chronic ☐ Episodic: Typical time between flare-ups: _____

☐ Temporary (60 days or less) ☐ Short-Term (60-90 days) ☐ Long-Term (3-12 months)

**Severity:** ☐ Mild ☐ Moderate ☐ Severe

**Diagnosis** (include DSM-V Code, if applicable): _____ **Date of Diagnosis:** _____

☐ Permanent/Chronic ☐ Episodic - Typical time between flare-ups: _____

☐ Temporary (60 days or less) ☐ Short-Term (60-90 days) ☐ Long-Term (3-12 months)

**Severity:** ☐ Mild ☐ Moderate ☐ Severe

**Additional Diagnoses** (attach additional pages as needed):

**Diagnostic Criteria.** List any diagnostic assessments used in making this determination. Examples may include, structured/unstructured interviews, documentation review, observations, rating scales, etc.

**List any medication(s), current treatment(s) and/or therapy the student is receiving:** ☐ N/A
List should include any mediating effects and potential side effects.

**Describe the symptoms relating to this diagnosis that affects the student's participation in the campus community.** Examples: heart palpitations, fidgets or squirms in chair, low blood sugar, etc.

According to the Americans with Disabilities Amendments Act, major life activities may include but are not limited to the following, please check all that are **substantially** impacted by the physical or mental impairment of the student. **A substantial limitation is a symptom that has persisted to a degree that is maladaptive and inconsistent with developmental level:**

- ☐ Eating
- ☐ Sleeping
- ☐ Seeing
- ☐ Hearing
- ☐ Speaking
- ☐ Breathing
- ☐ Walking
- ☐ Standing
- ☐ Lifting
- ☐ Self-Care
- ☐ Thinking
- ☐ Learning
- ☐ Reading
- ☐ Communicating
- ☐ Memory
- ☐ Organization
- ☐ Motivation
- ☐ Concentrating
- ☐ Stress Management
- ☐ Performing Manual Tasks
- ☐ Managing Internal Distractions
- ☐ Managing External Distractions
- ☐ Social Interactions
- ☐ Putting Thoughts to Words
- ☐ Operation of a Major Bodily Function:
  - ☐ _____
  - ☐ _____

**Given the symptoms and functional limitations noted above, please share any recommended accommodations and the rationale connecting the accommodation to the functional limitation.**
Example: Student should take exams in a separate location because the student's anxiety is exacerbated by being in a crowded room, and this impairs concentration.

Completed form can be submitted directly to the Disability Resource Center by **email, fax or returned to the student for submission**.

UNIVERSITY of NORTH CAROLINA WILMINGTON

DISABILITY RESOURCE CENTER

# EMOTIONAL SUPPORT ANIMAL
# THIRD PARTY VERIFICATION FORM

## Student Information (to be completed by student, if submitted separately from Disability Verification Form)

Name: _____ UNCW 850#: _____ UNCW Email: _____

I hereby authorize the release and exchange of the following information to the Disability Resource Center (DRC) at the University of North Carolina Wilmington. I understand that relevant information obtained may be shared with other University offices that may be involved in assisting with the establishment of reasonable accommodations.

Signature: _____ Date: _____

## Provider Information (to be completed by provider, if submitted separately from Disability Verification Form)

Name: _____ Title: _____

License No: _____ State of Licensure: _____

Address: _____

Phone: _____ Fax: _____

I, the undersigned, certify that the information provided for the student is true and correct to the best of my knowledge. I confirm that I am licensed or otherwise qualified to diagnose the conditions listed below, have adequately evaluated the student, can produce record of such evaluation, and am not related to the student by blood or marriage.

Signature: _____ Date: _____

## Emotional Support Animal Information (to be completed by provider)

**Are you recommending a specific animal for the student?** ☐ Yes ☐ No

If yes, specify the type, breed, and age of the animal.

**Is the animal part of an ongoing treatment plan?** ☐ Yes ☐ No

If yes, please describe.

**Describe how the animal mitigates the impact of the functional limitations of the student's disability.**

**Is the ESA necessary for the student to have an equal opportunity to use and enjoy University housing?**
☐ Yes ☐ No If yes, how?

**Have you discussed the responsibilities of having an ESA with the student?** ☐ Yes ☐ No

**Do you have any concerns with the student's ability to care for the animal?** ☐ Yes ☐ No
If yes, please explain:

**Please share any additional information or comments.**

Completed form can be submitted directly to the Disability Resource Center by **email**, **fax or returned to the student for submission**.