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

STUDENT REQUEST FOR HOUSING ACCOMMODATIONS

Requests for housing accommodations need to be submitted to the Disability Resource Center each academic year or summer session. Appropriate documentation must be on file for consideration of each request. Accommodations for disability-related reasons take priority over other considerations (e.g., preference for specific residential area or roommate request).

Deadlines

- Returning Students: submit your housing application in January for the next academic year and submit this housing request by February 1st to ensure it is reviewed prior to housing assignments being completed. Your enrollment with the DRC must also be completed.
- Incoming Freshmen: submit this housing request by April 1st to ensure it is processed prior to housing assignments in May. You must also submit the pre-enrollment registration form and appropriate disability documentation to begin enrollment with the DRC.
- Requests submitted after the deadlines are subject to availability.

Housing Information (to be completed by student)

Student Contact Information

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

Academic year and semester(s) are you requesting accommodations:

Academic year: 20_____- 20_____ ☐ Fall ☐ Spring ☐ Summer

Have you been assigned to a Residence Hall/Room? ☐ Yes ☐ No If yes, indicate hall/room #: _____

Have you been accepted into a residential learning community? ☐ Yes ☐ No

If yes, indicate the learning community: _____

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: _____

Disability-Related Information (to be completed by provider)

List any substantial limitations specific to housing (e.g., living with others, seeing/hearing fire alarms, etc.).

Provide a complete description of the desired accommodation and discuss why this accommodation is necessary, including why the needs cannot be met without this accommodation.

Example 1: Flashing alarm in room to alert student of emergencies. Without accommodation, student's safety is at risk.
Example 2: Single room to control environment and minimize exposure to life-threatening food allergies. Without accommodation, student's health is at risk.

Are there possible alternatives? ☐ Yes ☐ No

If yes, please explain.

Please share any additional information or comments.

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