NEWSCHOOL OF ARCHITECTURE & DESIGN

VERIFICATION OF DISABILITY FORM

This section to be completed by the student

Name: _____ Student ID: _____

Address: _____

I hereby authorize the release of any confidential information to verify my disability in accordance with Section 504 of the Federal Rehabilitation Act and the Americans with Disabilities Act to Disability Access at NewSchool of Architecture and Design.

Student's self-identified disability: _____

_____ _____

Student Signature Date

This section to be completed by the licensed or certified professional

1. Description of the disability(ies): _____
2. DSM IV code and severity (if applicable): _____
3. Date of diagnosis _____
4. Please circle/write the functional/educational limitations: Test taking, note-taking, memory, cognitive processing, problem solving, easily distracted, poor concentration, difficulty focusing for extended periods of time, difficulty formulating and executing plan of action, difficulty overcoming unexpected obstacles, panics in unfamiliar situations, loss of visual acuity, degree of hearing loss, fatigue, unable to sit/stand for prolonged period of time.
   Other limitations: _____
5. If applicable, medication side effects: _____
6. The above mentioned disability(ies) is/are:
   ○ Permanent/Chronic ○ Temporary: Days Weeks Months
7. Accommodations recommended: _____
8. This disability is ○ Observable ○ Not observable

_____

Print Name of Certifying Professional Title

_____

Signature

_____

Address Phone

Please return form to **Carrie Perez, Disability Access Coordinator** to the address below
or by fax to: 410-209-8041
If you have any questions please email me or call me at: 619-684-8829 cperez3@newschoolarch.edu