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 a 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 periods

Other limitations: _____

5. If applicable, medication side effects: _____
6. The above-mentioned disability(ies) is/are:

   ◯ Permanent/Chronic ◯ Temporary: _____ Days _____ Weeks _____ Months
7. Accommodation(s) recommended: _____

   _____
8. This disability is: ◯ Observable ◯ Not observable

_____

Print Name of Certifying Professional Title

_____

Signature

_____

Address Phone

Please return completed form to Student Life Manager **Nicole Dean:** ndean@newschoolarch.edu. For questions, call 619-684-8868.