

# UNIVERSITY OF INDIANAPOLIS

DISABILITY RESOURCES & BUILD

## Verification of Medical or Physical Disability

Blind/Visual Impairment, Deaf/Hearing Impairment, Mobility, or  
Chronic Health Condition

### Disability Resources and Build

1400 East Hanna Avenue  
Schwitzer 001  
Indianapolis, Indiana 46227-3697  
(317) 788-3526  
Email: [ssd@uindy.edu](mailto:ssd@uindy.edu)

### Qualified Professional / Physician Statement

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

The University of Indianapolis student named above is requesting accommodation(s) due to his/her impairment under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification be provided by a qualified professional. For specific documentation guidelines, visit [www.uindy.edu/ssd](http://www.uindy.edu/ssd).

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis' Disability Resources and Build.

#### Please provide the following information:

Clearly state the diagnosed disability or condition: \_\_\_\_\_

Describe diagnostic criteria, evaluation methods, tests and dates of administration (*e.g., physical findings, x-rays, lab tests*):

Describe the current functional limitations resulting from the disability or condition (*i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting*): \_\_\_\_\_

Describe restrictions, if any: \_\_\_\_\_

Expected date restrictions will be lifted, if any: \_\_\_\_\_

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.

Is there any other diagnosis that we need to be aware of: \_\_\_\_\_

**Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

Return this verification form and attach necessary copies, marked *Confidential*, to the address below or scan to [ssd@uindy.edu](mailto:ssd@uindy.edu):

University of Indianapolis  
Disability Resources and Build  
1400 East Hanna Avenue  
Schwitzer 001

*Disability Resources and Build will use the information on this form to determine the student's eligibility for disability support services. Disability Resources is committed to ensuring that all information and communication pertaining to a student's disability is kept confidential as required by law.*