Boston University Disability & Access Services

Temporary Disability Verification Form

The Disability & Access Services provides academic accommodations and services to students with **Temporary Disabilities**. Students seeking accommodations must provide appropriate documentation of their disability so that Disability & Access Services can determine the student's eligibility for accommodations; and if the student is eligible, determine appropriate academic accommodations. A **temporary disability** is one that will resolve within three to six months. For impairments requiring accommodations for six months or longer, please refer to our traditional accommodation process. To verify the disability and its severity, Disability & Access Services requires the form below to be completed by the current treating licensed healthcare provider.

Student name:

Signed:_____Date:_____

Name: (please print)_____ BU ID:_____

For the current treating healthcare provider to complete:

1. Diagnosis:_____
2. Date of your last clinical contact with student:_____/_____/_____
3. The extent of the condition is: ☐ Mild ☐ Moderate ☐ Severe
4. Expected duration of temporary disability is: ☐ 1-3 months ☐ 3 – 6 months ☐ 6-12 months
5. Suggested Accommodations

Please list the specific academic accommodations you suggest based on your assessment of the students clinical and academic history and diagnosis.

_____

_____

6. Please attach any relevant evaluation results or reports.

Thank you for your help in providing this information so that we may begin services as soon as possible. This form should be signed and returned to Disability & Access Services at the address shown at the end of this document.

Provider Information:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

If filling out online, in lieu of signature, please click here to certify that the above statement is true.

Y ☐ N ☐

Signature: _____ Date: _____

Print Name and Title: _____

State of License_____: License Number: _____

Address: _____

Street or P.O. Box City State Zip: _____

Phone: _____Fax:_____

All documentation is considered confidential and can be mailed or faxed to:

Disability & Access Services
25 Buick Street Suite 300
Boston, MA 02215
Phone: 617-353-3658
Fax: 617-353-9646

access@bu.edu
www.bu.edu/disability