



# MIAMI UNIVERSITY

STUDENT DISABILITY SERVICES

## Disability Verification Form

Student Disability Services (SDS) at Miami University provides resources and accommodations for students with disabilities. SDS staff enter into an interactive process with the student to implement reasonable and appropriate accommodations to access the classroom and university life. Miami University subscribes to the Association on Higher Education And Disability (AHEAD) standards for documenting disabilities. To help in this process, input from the student’s health care provider is a valuable source of information.

The clinician or health care professional completing this form should be licensed in the field of expertise to make the diagnosis. Confidentiality of the information provided is ensured, and will not become a part of the student’s academic record. Please feel free to contact the Student Disability Services office with any questions or concerns.

**This form should be completed by a licensed clinical or medical health care professional and is not to be used to document specific learning disabilities.**

Licensed professionals may submit a letter in place of this form if it fulfills all required information listed on this form. Letters must be typed and submitted on professional letterhead, signed, dated, and include the professional’s license number. The completed form should be returned to the SDS office identified as the student’s primary campus. Thank you in advance for your assistance.

---

To be completed by the STUDENT  
(Please TYPE or PRINT)

Student Status:    Current            Prospective                                  Date of Birth:

Primary Campus:        Hamilton            Middletown                                  Oxford

Student Name (First MI Last):

Address (Street, Unit, City, State, ZIP): \_\_\_\_\_

Student Phone (###-###-####):

If MU student, Miami Unique ID: \_\_\_\_\_@MiamiOH.edu

Release of information: For the purpose of establishing eligibility for accommodation and services, I give the mental health or health care professional completing this form permission to release my medical information to Student Disability Services (SDS) at Miami University.

Signature (if age 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if student is under age 18) \_\_\_\_\_ Date \_\_\_\_\_

To be completed by the certifying PROFESSIONAL

(Please TYPE or PRINT)

[This section may be submitted by certifying professional without preceding section if necessary.]

Student Name (First MI Last): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

State the student's diagnosis(es) as per the most recent Diagnostic and Statistical Manual (DSM) or International Classification of Diseases (ICD):

---

---

---

Date when evaluation was completed: \_\_\_\_\_

Date of last contact: \_\_\_\_\_

What instruments or diagnostic tools were used to determine the diagnosis?

---

---

---

Describe how the disability may affect the student in the academic setting or university life:

---

---

---

Provide a summary of the student's educational, medical, and family history that may relate to the diagnosis:

---

---

---

Please describe current medication(s) and/or treatment(s) currently employed to manage the disability (when appropriate, please include adverse side effects, treatment schedules, etc...):

---

---

---

Please describe any accommodations and/or services that you feel are reasonable (i.e., extended time on tests, distraction reduced testing environment, etc...)

---

---

---

Please describe any specific concerns you may have, or other ways that we may further assist this student in the academic setting or university life:

---

---

---

---

---

---

**CERTIFYING PROFESSIONAL**

Name & Title:

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

Daytime Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Type of specialty or license: \_\_\_\_\_

Signature of Certifying Professional

License #/State

Date

**Please note that Student Disability Services (SDS) will NOT accept documentation completed by a member of the student's family.**

**Please return this form with any supporting documentation to:**

Student Disability Services - Miami University

**Oxford Campus**  
304 Shriver Center  
701 E. Spring St  
Oxford, OH 45056  
513-529-1541 (office)  
513-529-8595 (fax)  
[sds@MiamiOH.edu](mailto:sds@MiamiOH.edu)

**Hamilton Campus**  
1601 University Blvd. 130  
Rentschler Hall  
Hamilton, OH 45011  
513-785-3211 (office)  
513-785-3127 (fax)  
[muhods@MiamiOH.edu](mailto:muhods@MiamiOH.edu)

**Middletown Campus**  
Room 14 Johnston Hall  
4200 N. University Blvd.  
Middletown, OH 45042  
513-727-3312 (office)  
513-727-4201 (fax)  
[mumdc@MiamiOH.edu](mailto:mumdc@MiamiOH.edu)