

Disability Verification Form for Accommodations

To be completed by a licensed medical or mental health provider. This form verifies diagnoses so that appropriate and reasonable academic accommodations can be provided to the student. Thank you for your cooperation!

Student Information (Completed by Student)

Student Name: _____

Student ID Number: _____

Date of Birth: _____

Student's Home College (Where Applied & Accepted): _____

Authorization Statement:

I authorize the provider listed below to release the information requested on this form to CCSNH Accessibility Services.

Student Signature: _____

Provider Information

Provider Name: _____

Practice / Clinic Name: _____

Phone: _____

Email: _____

Diagnosis Information

Diagnoses / Conditions (code/DSM code): _____

Date of Initial Diagnosis: _____

Condition type: _____

Nature of Severity: _____

Functional Impact in an Academic Setting

Describe how the condition substantially limits one or more major life activities in an academic setting (e.g., learning, concentration, memory, attendance): _____

Severity of Impact: _____

Relevant Medications and Treatment

Current Medications (if relevant) that may cause side effects that impact academics

Please explain any potential side effects or impacts: _____

Recommended Academic Accommodations

- ☐ Extended time on exams
- ☐ Reduced-distraction testing environment
- ☐ Flexibility with attendance
- ☐ Flexibility with deadlines
- ☐ Breaks during class or exams
- ☐ Note-taking support or access to notes
- ☐ Permission to record lectures
- ☐ Alternative exam formats

Other accommodations: _____

Rationale for accommodations:

Provider Attestation

Professional Title & Credentials: _____

License Type and Number: _____

Provider Signature: _____

This form can be submitted directly to Accessibility Services at the student's CSNH Home College (which the student has indicated in the first section). The student may also upload the form to their ACCOMMODATE Portal or return the form to their home college Accessibility Services Office.

Community College System of NH Accessibility Office Contacts

Great Bay CC: Amanda Voce, avoce@ccsnh.edu; Fax: (603) 559-1523

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