

# WAGNER COLLEGE

## OFFICE OF ACADEMIC ADVISING AND ACCESSIBILITY

### Verification Form for Students with Disabilities

**To Be Completed by Wagner Student:**

Student Name: \_\_\_\_\_ Wagner ID: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Insert the name or practice of the licensed professional completing this form)

to release confidential information regarding my diagnosis to the Office of Academic Advising and Accessibility at Wagner College.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Licensed Professional:**

To ensure the provision of reasonable and appropriate services for students with psychological, attention deficit, medical, sensory or health related conditions at Wagner College, a licensed professional (e.g. physician, psychiatrist, psychologist or certified social worker) must provide current and comprehensive documentation of the student's disability/condition.

1. DSM-5 and/or ICD-11 Diagnosis: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_\_

3. Date of your last contact with the student: \_\_\_\_\_

4. What instruments/procedures were used to diagnose the disorder/disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe the presenting symptoms of this disorder/disability.

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6. Is this student currently taking medication for this disorder/disability? \_\_\_\_ No \_\_\_\_ Yes

If yes, what is the medication? \_\_\_\_\_

Please describe any possible side effects of the medication.

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7. Please describe the impact of this disorder/disability on the student's academic performance so that we can determine the specific accommodations which may be necessary.

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8. What academic accommodations (e.g. note taking assistance, testing accommodations such as extended time, etc.) would you suggest for the academic setting?

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9. Please attach any additional information that you believe to be relevant to meeting this student's disability-related academic needs.

Signature \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

License# \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_

Return form to:

**Office of Academic Advising and Accessibility**

Wagner College

One Campus Road

Staten Island, New York 10301

Phone: (718) 390-3181

Fax: (718) 420-4012

Email: [aaa.success@wagner.edu](mailto:aaa.success@wagner.edu)