



**TRIDENT
UNIVERSITY**
INTERNATIONAL

Verification of Disability and Request for Accommodation

Name _____ Date of Birth _____

In support of my request for accommodations I need to provide current and comprehensive documentation of my disability/medical condition to Trident University International (TUI). Please respond to the following questions as soon as possible and return to me or send by fax to (800-755-5343). I authorize TUI to contact you for clarification or discussion of accommodations.

Accommodations being requested: _____

Signature _____ Date _____

Physician/provider name (print): _____

Title: _____

Phone: _____ Fax: _____

Organization & address:

The professional listed above must provide the following information:

Diagnosis: _____

Diagnosis date: _____

Level of severity: Mild Moderate Severe

Duration: Permanent Chronic/recurring (Likely to last for _____.)

Temporary - Date disability will end: _____ (Accommodations not necessary after this date.)

Procedures/assessments used to diagnose disability

Current treatment and/or medications

Functional limitations and/or symptoms

How does this condition (or effects of medication) limit ability to learn or function in the University setting?

Recommended accommodations

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.

Signature _____ License # _____

Date _____

All information on this form will remain confidential.