



Disability Services (DS) – LA 104  
4800 East Huron River Drive  
Ann Arbor, Michigan 48105

Tel: (734) 973-3342  
Fax: (734) 477-8517  
[www.wccnet.edu](http://www.wccnet.edu)

**Disability Verification (Physical)**

The student named below may be eligible for services offered through the Disability Services Office. In order to provide these services, verification of the student’s disability is required. Please note: The determination of actual services and accommodation will be made by the Disability Services Office (DS).

Student’s Name:	_____		
	Last	First	MI
WCC ID Number:	@_____	Date of Birth:	_____
I authorize the release of the information requested below to the Disability Services Office (DS) at Washtenaw Community College.			
Student’s Signature	_____		Date _____

To be completed by a licensed PROFESSIONAL:

1. Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date(s) of Diagnosis: \_\_\_\_\_

3. Current functional limitations DUE TO DISABILITY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please continue on second page*

Student's Name: \_\_\_\_\_

4. Current prescribed medications related to disability (mitigating the effects of the disability and/or causing side effects related to student's educational functioning):

Medication	Dose/Frequency	Effects/Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (Please print): \_\_\_\_\_

Signature of Professional: \_\_\_\_\_

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

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

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

Phone and FAX: \_\_\_\_\_

Return this form to our office as soon as possible so that this student may begin participation in our program. Please include any verifying documents from your files