

Office of Accessibility Services**Consent to Release Information**

I, _____ (Please Print) authorize the Office of Accessibility Services staff to discuss academic and/or housing accommodations and specifics of my disability with the following individuals on a “need to know basis”:

Please Initial

- _____ Faculty members of courses in which I am enrolled
- _____ My Academic Advisor
- _____ Coordinator of Student Success
- _____ Coordinator of Tutoring & Student Support
- _____ Career Development
- _____ Family member (*name(s)*) _____
- _____ Counseling Services
- _____ Housing & Residence Life
- _____ Vocational Rehabilitation Counselor: _____
- _____ Other _____

I understand and agree to the provisions listed above. I understand that I can amend, change, or cancel this agreement at any time through written notice to the Office of Accessibility Services.

Student Signature: _____ Date: _____

I have reviewed this agreement with the student and witnessed the student’s signature.

Staff Signature: _____ Date: _____

Please Initial *ONE* Option Below

_____ I authorize the release of my accommodation letter to the faculty for the semester indicated above.

OR

_____ I will share my own accommodation letters with faculty directly for the semester indicated above. I understand that by selecting this option, I will receive my accommodation letter from Accessibility Services and I am responsible for sharing my accommodation letter with my instructor(s).



Accessibility Services Application – Voluntary Disclosure Form *(Please print information)*

Student Name _____	Student ID _____ Date _____
Street Address _____	Phone _____
City/State/Zip _____	Birth Date _____
La Roche University Email _____	Intended Major _____
Pronouns (optional) _____	Advisor _____

MEDICAL BACKGROUND

Diagnosed disability/medical condition:

Describe how your condition affects your academic performance?

List any long-term medical problems and past or anticipated hospitalizations.

List any medications you are taking and any related side effects.

How do you rate your general health?

Excellent Good Fair Poor

SUPPORT SERVICES

From what schools and/or outside agencies have you received help in the past?

List any colleges or universities you have attended in the past and the support from the accessibility services office you received.

How do you currently manage your disability?

Have you ever received tutoring? If so, for what subjects?

List any accommodations and/or assistive technology used in the past.

Please report whether you CAN DO, FIND DIFFICULT or CANNOT DO the following tasks related to college life and academics.

TASK	CAN DO	FIND DIFFICULT	CANNOT DO	COMMENTS
Group assignments				
Pay attention in class				
Take notes				
Interact with others				
See				
Hear				
Understand information seen				
Understand information heard				
Memorize				
Put thoughts into writing				
Use hands				
Speak clearly				
Sit for long periods				
Move around (standing/walking)				
Tolerate stress				
Motivate self				
Finish tests on time				
Complete assignments on time				
Spell				
Understand what is read				
Read at a normal rate				
Math calculations				
Math word problems				
Manage time				
Other:				
Other:				

Please list the specific accommodations you are requesting at this time.

By signing below:

- ✓ *I certify that all information provided is correct, and give permission to the Office of Accessibility Services of La Roche University to disseminate appropriate information to faculty and staff relevant to my needs at my written request.*
- ✓ *I understand that it is my responsibility to meet with each of my instructors to discuss the requested accommodations in this application.*
- ✓ *I understand that any limitations reported or accommodations requested on this form are subject to the information shared on the verification form or other documentation provided by a licensed professional in the area of my disability or medical condition.*

Student Signature

Date

For office use only

Form received: _____ Verification received: _____ Request completed: _____



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Engaging Minds. Embracing the World.

Verification Form for Accessibility Services

The student named below may be eligible for reasonable accommodations at La Roche University. In order to provide services, we must have documentation of a disability or medical condition that impairs one or more major life functions. This form may be submitted to the Office of Accessibility and Equity via fax at 412-536-1118 or mailed to La Roche University, Office of Accessibility Services Wright Library, room 205, 9000 Babcock Blvd., Pittsburgh, PA 15237.

TO BE COMPLETED BY THE STUDENT: *(Please print)*

Student Name _____ Phone Number _____

Address _____

La Roche University Email _____

I hereby authorize the provider listed below to complete this form and provide information to La Roche University pertaining to my disability and /or medical condition.

Student signature _____ Date _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL: *(Please print)*

Name of provider (please print) _____ Phone Number _____

This portion of the form is to be completed by a licensed professional qualified to make the diagnosis for which the student is seeking accommodation. It cannot be completed by any family member of the student. **Please provide the following information in full (please be specific). *This form is not valid unless there is a diagnostic statement given, a description of the disability/medical condition is provided, functional limitations are listed, and it is signed and dated in the appropriate place.***

Diagnostic statement _____

Description of the disability/medical condition:

For psychiatric conditions, DSM-5 diagnosis or succeeding equivalent:

In what settings or on what academic tasks will this disability/medical condition likely manifest itself?

Please list the functional limitations associated with this disability/medical condition if in a residential academic setting.

Please list specific services and accommodations that you would recommend for this student.

The above mentioned disability or disabilities and/or medical condition(s) is/are:

_____ Permanent

_____ Temporary: Anticipated duration of condition _____

Severity is: _____ Mild _____ Moderate _____ Severe

If there are multiple presenting conditions, please explain the duration of each separately.

I certify that all the information on this form is true and correct to the best of my professional knowledge.

Signature of licensed professional _____ Date _____

Title or license type and number if applicable (please print) _____

Please mail or fax this form to:

La Roche University
Office of Accessibility Services
Wright Library, Room 205
9000 Babcock Blvd., Pittsburgh, PA 15237
Fax: (412) 536-1118 Phone: (412) 536-1177

For office use only

Form received: _____