

**DISABILITY VERIFICATION FORM
NIAGARA UNIVERSITY IN ONTARIO**

Accessibility Services at Niagara University provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. Current and comprehensive disability documentation from a qualified health provider (unrelated to the student) who is treating or has assessed the specific disability for which accommodations are being requested is required to assist with the determination and provision of appropriate and reasonable accommodations, auxiliary aids, and services. Additional documentation may be required.

PART A: To Be Completed by Student:

I STUDENT INFORMATION

Last Name: _____ First Name: _____
Date of Birth: _____ Today's Date: _____
Address: _____ Phone: _____
City: _____ Province: _____
Postal Code: _____

RELEASE OF INFORMATION:

I, _____, authorize the following physician / health provider to release to the
(Student's Name, please print)
Niagara University's Coordinator of Accessibility Services the requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Niagara University.

Signature of student: _____ Date: _____

DISCLOSURE OF DIAGNOSIS (OPTIONAL):

Please note disclosure of diagnosis is not required to receive accommodations.

I, _____, authorize the following physician / health provider to disclose my diagnosis
(Student's Name, please print)
to Niagara University's Coordinator of Accessibility Services.

Signature of student: _____ Date: _____

**END OF STUDENT SECTION. THE FOLLOWING PAGES SHOULD BE COMPLETED BY A PHYSICIAN
OR OTHER HEALTH PROVIDER.**

IV RECOMMENDATIONS FOR ACCOMMODATION

Please outline any potential accommodation requested, and the duration of such accommodation (if known):

Please identify whether any therapeutic intervention, treatment or medication taken by the individual will detrimentally affect their ability to attend classes, complete course work, or take exams:

V RECOMMENDATIONS FOR THE COLLEGE ENVIRONMENT

Final determination of appropriate accommodations will be determined by the Coordinator of Accessibility Services on a case-by-case / course-by-course basis. Determination will be made based on documentation of disability and, as needed, in consultation with appropriate campus professionals.

Listed below are accommodations offered in the college environment. Please check the specific accommodations you recommend for this individual and include the rationale for each accommodation.

Taking exams

- Extended time
- Reader / scribe
- Use of calculator
- Other:
- Separate location
- Use of computer

Accessing class lecture / notes

- Notetaker
- Preferential seating
- Adaptive Chair/Table
- Other:
- Recording Lectures
- Sign Language Interpreters
- Assisted Listening Device

Accessing standard print / textbooks

Alternate format, such as:

Scheduling classes

- Location Time of classes
- Reduced course load
- Other:

Non-academic aspects of campus environment

For example, navigating campus, managing special dietary restrictions.

Please describe below:

Other

Rationale for each accommodation checked above:

All documentation of a student's disability is kept strictly confidential and is not released without written permission from the student or by order of the court.

Please submit documentation and/or inquiries to:

Kelly Engert, Coordinator of Accessibility Services
 P.O. Box 1915, Academic Success Center
 Seton Hall, First Floor
 Niagara University, NY 14109
 Phone: (716) 286-8541 / Fax: (716)286-8063
 kadams@niagara.edu