Western Oregon University
Office of Disability Services
Academic Programs and Support Center | 503-838-8250 | ods@wou.edu | wou.edu/disabilityservices

Disability Verification Form

Student Name	V#	Date of Birth

The above-named student is requesting disability-related accommodations from the Office of Disability Services at Western Oregon University. Determination of eligibility for these services is partially based on disability verification, including diagnosis, functional limitations or impacts in an academic setting, and recommendations to mitigate those impacts. Please complete this form in its entirety and attach any relevant diagnostic reports. **This form must be completed by a *qualified licensed professional.**

Diagnosis(es)

1		**DSM/ICD Code:**	
2		**DSM/ICD Code:**	
3		**DSM/ICD Code:**	
4		**DSM/ICD Code:**	
5		**DSM/ICD Code:**	
6		**DSM/ICD Code:**	

Functional Impacts

Please describe how the disability affects one or more major life activities (e.g. concentration, mobility, writing, etc.)

Recommendations for accommodations in an academic setting to minimize impacts

Certifying Professional Information

*A Qualified Licensed Professional must have expertise in the disability diagnosis and follow established best practices in the field.

Print Name	Title
License/Certification Number	Phone Number
Signature	Date

Please return to:

WOU ODS
345 Monmouth Ave. N.
Monmouth, OR 97361

Fax: 503-838-8721
Secure email to ods@wou.edu

Form updated 2/2023