



**Augustana College Learning Commons
Verification and Documentation of Disability**

Students please fill out all of the information inside this box:

Student's Full Name: _____

Student Signature requesting release of information to Augustana College:

Please have your Licensed Professional complete the rest of the documentation below:

The above named student has submitted a request to receive accommodations at Augustana College. In order for us to review the request in a timely manner, we ask that you complete this form in its entirety.

Printed Name of Licensed Professional:

Signature of Licensed Professional:

Title/Credentials:

Phone:

Address:

Date:

1. Medical Diagnoses or DSM-IVR Diagnoses:

2. Date of Diagnoses:

3. Date of Last Contact with the Student:

4. Describe this student's functional limitations in an educational and residential setting:

5. What recommendations do you make regarding effective accommodations to help the student in the college level:

6. Please share any other information you feel is relevant:

Please return this completed form to Yen Dao, Director of Student Success Services, at yendao@augustana.edu, Augustana College, 639 38th Street, Rock Island, IL 61201, OR fax to 309-794-2705.