**MOODY BIBLE INSTITUTE**

**Student Resource Center**

**820 N. LaSalle**

**Chicago, Il 60610-3284**

**Phone: (312) 329-2177 Fax: (312) 329-4479**

**VERIFICATION OF DISABILITY**

**(This form is to be filled out by a licensed professional or certified diagnostician)**

Moody Bible Institute, through the Student Resource Center, provides services to students with diagnosed disabilities. To determine eligibility for services, this office requires current and comprehensive documentation of the disability from the diagnosing psychiatrist, psychologist, social worker or other appropriate professional. The student named below is requesting services from our office at this time. In order to help us serve this student in the best possible manner, please complete the following form as soon as possible and return it to the above address. No services will be available to this student until this form has been received. Thank you.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.      Diagnosis, date of diagnosis and last contact with student.

2.      What are the dates of treatment (specific period or ongoing, etc)?

3.      Describe symptoms, which meet the criteria for this diagnosis.

4.      How may this disability affect the student academically in their ability to complete their educational requirements?

5.      List current medications and any adverse side effects.

6. What recommendations do you have regarding accommodations for this student (i.e. extended time for exams, extended time on course work or degree completion, etc)?

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Signature Date

Printed Name and Credentials/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return form to:**

Gayla Gates, Student Resource Center (to the address/phone numbers above)