



Office of Student Accessibility Services ♦ Carstensen Hall ♦ Room #103
174 University Avenue ♦ Bridgeport, CT 06604
Phone: (203) 576-4454 ♦ Fax (203) 576-4455 ♦ accessibilityservices@bridgeport.edu

Disability Verification for Students with a Medical or Physical Condition

The student/patient named below has asked to register with Student Accessibility Services (SAS) at the University of Bridgeport. SAS requires documentation of the student's disability in order to establish eligibility and provide services.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. **To establish that an individual is covered under the law, documentation must indicate that a disability exists and the disability substantially limits one or more major life activities. A diagnosis of disorder in and of itself does not automatically qualify an individual for accommodations; documentation must also support the request for accommodations and academic adjustments.**

After completing this form, please fax or email it to the SAS fax number or email address listed above. The information you provide will not become a part of the student's educational records but will be kept in the student's file at SAS where it will be kept confidential. Please contact SAS if you have concerns or questions. Thank you for your assistance.

ITEMS 1- 13 TO BE COMPLETED BY STUDENT:

1. First/Given Name: _____ Last/Family Name: _____
2. Student ID Number: _____ Anticipated Graduation Date: _____
3. Date of Birth: _____
4. Gender: _____
5. Home Address: _____
6. Preferred Contact Number: _____
7. UB Email Address: _____
8. Classification: Undergraduate Graduate _____ Domestic or _____ International Student
9. Special Program: IDEAL ELI
10. Veteran: YES/NO
11. Major: _____
12. Student Status: Full-time Part-time
13. Academic Advisor: _____



ITEMS 14-22 TO BE COMPLETED BY CERTIFYING PROFESSIONAL:

14. What is the diagnosis/impairment?

15. Date of diagnosis: _____

16. Date student was last seen: _____

17. Duration of disability/impairment:

Permanent Temporary: Expected date of recovery: Mo./Yr.: _____

18. Please check the major life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation.

Life Activity	Negligible	Moderate	Substantial	Life Activity	Negligible	Moderate	Substantial
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attending Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Describe current symptoms that may affect the individual’s ability to perform in a college setting.

20. If the individual is currently undergoing treatment or taking medication, please describe how it may affect his/her academic performance.

