



Learning Support Services (LSS) – LA 115
4800 East Huron River Drive
Ann Arbor, Michigan 48105

Tel: (734) 973-3342
Fax: (734) 477-8517
learningsupport@wccnet.edu

Disability Verification (Physical)

The student named below may be eligible for services offered through the Learning Support Services Office. In order to provide these services, verification of the student’s disability is required. Please note: The determination of actual services and accommodation will be made by Learning Support Services (LSS).

Student’s Name:	_____		
	Last	First	MI
WCC			
ID Number:	@ _____	Date of Birth:	_____
I authorize the release of the information requested below to Learning Support Services (LSS) at Washtenaw Community College.			
_____		_____	
Student’s Signature		Date	

To be completed by a licensed PROFESSIONAL:

1. Diagnosis: _____

2. Date(s) of Diagnosis: _____

3. Current functional limitations DUE TO DISABILITY:

Please continue on second page

Student's Name: _____

4. Current prescribed medications related to disability (mitigating the effects of the disability and/or causing side effects related to student's educational functioning):

Medication	Dose/Frequency	Effects/Side Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (Please print): _____

Signature of Professional: _____

License #: _____

Date: _____

Address: _____

Phone and FAX: _____

Return this form to our office as soon as possible so that this student may begin participation in our program. Please include any verifying documents from your files