

Liberty University Office of Disability Accommodation Support

Disability Verification Form for Non-Academic Accommodations

Type of Non-Academic Accommodation(s)

Housing: _____ Dining: _____ Service Dog or ESA: _____

Student Information: To be completed by student.

Student name: _____

LUID: _____

LU email: _____

Health Information: To be completed by a licensed healthcare provider.

Diagnosis/Condition

Relevant/Primary Diagnosis: _____

Date of diagnosis: _____

Duration of diagnosis: _____

Additional Diagnoses: _____

Date of diagnoses: _____

Duration of diagnosis: _____

Impact of Condition

Indicate all major activities of daily living that are affected by student's condition and describe the frequency and degree of impact. (Examples may include vision, hearing, mobility, communication, eating or caring for oneself.):

Identify any/all disability related obstacles that may prevent access and participation with the university setting. (Examples may include inaccessible bathrooms or showers, stairways, or specific food allergies.):

List symptoms that limit functioning: _____

List treatment plans or side effects that may limit functioning: _____

Provide additional information or considerations that may help determine reasonable accommodations based on functional limitations:

Healthcare Provider Information: To be completed by the provider.

Health Care Professional Name: _____

Health Care Professional Signature: _____

Date: _____

Licensure/Certification Number: _____

Facility or Practice Name: _____

Address: _____

City: _____

State, Zip: _____

Phone number: _____