

# Disability Verification Form



**Marshall B.  
KETCHUM UNIVERSITY**  
Enrollment and Student Services

Name of Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

I am requesting accommodations for one or more disabilities through Student Disability Services (SDS) at Marshall B. Ketchum University (MBKU). MBKU requires current and comprehensive documentation to establish the existence of a disability and explain the need for an accommodation to evaluate my eligibility for disability-related accommodations and/or services at MBKU. MBKU will make the ultimate determination concerning my eligibility for accommodations at MBKU. Please complete this form and return it to me or send it directly to SDS by mail (Marshall B. Ketchum University, ATTN: Student Disability Services, 2575 Yorba Linda Blvd, Fullerton, CA 92831-1699) or at [studentdisabilityservices@ketchum.edu](mailto:studentdisabilityservices@ketchum.edu).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHYSICIAN/PROVIDER INFORMATION

Provider Name (print): \_\_\_\_\_ License/Credentials: \_\_\_\_\_

Provider Type/Specialty: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

MBKU strives to ensure that qualified students with disabilities are provided equitable access and educational accommodations. Students with disabilities must meet the minimum standards of MBKU and the academic program requirements, with or without accommodation.

The Americans with Disabilities Act of 1990, in pertinent part, indicates that an individual with a disability means a person who: (1) has a physical or mental impairment which limits one or more major life activities; or (2) has a record of such impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It also includes major bodily functions such as, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The student named above is requesting an auxiliary aid or service, academic adjustment, and/or accommodation due to one or more disabilities. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, MBKU requires documentation about the existence of a disability and the need for an accommodation for that disability from a qualified professional. MBKU only needs this information pertaining to any disability for which the student is seeking an accommodation.

*Note: It is extremely helpful to complete a comprehensive assessment and detailed report of the student's disability(ies). With an in-depth report, we may thoroughly understand the barriers associated with the disability(ies) and apply reasonable accommodations. Your detailed assessment, explanation, and recommendations within this form will assist MBKU with determining final accommodations. A quick diagnosis based on self-reported symptoms with no assessments may result in unhelpful, burdensome changes to the student's academic program that do not address the appropriate barrier(s).*



**DISABILITY  
SERVICES**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**The treating provider identified on this form must complete the information requested below.**

Diagnosis of Disability, including ICD-10 or DSM-5 (DSM- 5 TR) codes.

Assessment or evaluation procedures used to make the diagnosis, along with any historical data.

Date of last assessment/evaluation and when reevaluation is recommended.

Current medications prescribed (if any), including side effects and level of severity.

Prognosis and anticipated duration of disability.

What exacerbates the specific disability?

Describe how this condition substantially limits major life activities (e.g., functional limitation, symptoms, etc.):

How does the condition (and/or current treatment) affect the student's ability to learn or meet the demands of the university setting and/or clinical requirements?

Within your area of expertise, identify any reasonable accommodations, supported by your assessment, that you believe may be necessary for the student to participate in graduate-level academic and clinical activities.

Additional recommendations or information to consider which will help us best meet the needs of the student:

This information is current and accurate to the best of my knowledge based on my recent evaluation of this student or my review of records of a recent evaluation.

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**SIGNATURE OF PROVIDER**

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**DATE**

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**LICENSE NUMBER**

Thank you for your time and assistance. You may submit this report by sending it back to the student **OR** send it directly to MBKU University Student Affairs via email ([studentdisabilityservices@ketchum.edu](mailto:studentdisabilityservices@ketchum.edu)), fax (714-992-7878), or mail (Marshall B. Ketchum University, ATTN: Student Disability Services, 2575 Yorba Linda Blvd, Fullerton, CA 92831-1699).

All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

2575 Yorba Linda Blvd, Fullerton, CA 92831 | [studentdisabilityservices@ketchum.edu](mailto:studentdisabilityservices@ketchum.edu) | 714.449.7444



**DISABILITY  
SERVICES**