

DISABILITY VERIFICATION FOR STUDENTS SEEKING A MEDICAL ACCOMMODATION

The student listed below is seeking disability-related accommodations at Worcester Polytechnic Institute (WPI). In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities. Students whose conditions create a substantial or severe limitation to learning or other major life activities may request accommodations to courses, programs, or activities at WPI.

This form should be completed by an appropriate licensed medical professional, who is familiar with the student's health history. Alternatively, information about the student's condition(s) may be provided in letter format from the professional; such a letter should be typed on letterhead, signed, and include the credentials of the signer. The letter must include diagnostic information and describe the severity and impact.

Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.

**STUDENT COMPLETES THIS SECTION**

**Permission to release information to Worcester Polytechnic Institute**

Name (please print): \_\_\_\_\_ WPI Student ID#: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Campus Address (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Primary Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL PROFESSIONAL COMPLETES THIS SECTION**

**1. Diagnosis**

\_\_\_\_\_  
\_\_\_\_\_

Level of Severity:  Mild  Moderate  Severe

**2. History of Illness(es):** Date of diagnosis: \_\_\_\_\_

Length and type of treatment: \_\_\_\_\_

Describe symptoms that meet criteria for this diagnosis(es) and approximate date of onset:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WPI Office of Accessibility Services**  
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Has the student been hospitalized for the treatment of this disorder? If so, list approximate dates and length of stay:

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Is the student currently on medication?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Will student require local treatment/follow-up?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, have arrangements been made?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

**3. Describe the student's functional limitations in an academic setting, and degree to which functioning is impaired:**

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**Describe recommendations for accommodations (Please be as specific and direct as possible):**

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Name, Title (please print): \_\_\_\_\_

License Number: \_\_\_\_\_                      Address: \_\_\_\_\_

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

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send documentation forms to:

**WPI Office of Accessibility Services**

**Unity Hall - 5th Floor**

**Worcester, MA 01609**

**P: 508.831.4908, F: 508.831.4158 [AccessibilityServices@wpi.edu](mailto:AccessibilityServices@wpi.edu)**

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