

**ACADEMIC ACCOMMODATIONS VERIFICATION FORM**  
**Accessibility Services Office – Page 1 of 2**

*MVNU provides equal access to all educational and programmatic activities and abides by section 504 of the Rehabilitation Act of 1973 and the applicable provisions of the Americans with Disabilities Act (ADA) of 1990. The Office of Accessibility Services' facilitates a process for students to self-disclose documented disabilities and fosters a campus environment that is accessible, inclusive, and regulatorily compliant.*

*A disability is defined as a physical or mental impairment that substantially limits one or more major life activities such as but not limited to: learning, speaking, walking, seeing, hearing, breathing, working, or the ability to care for oneself.*

All students, including those with disabilities, must meet the qualifications and learning outcomes of their courses and program. Accommodations cannot decrease curriculum elements or alter fundamental program requirements and do not guarantee academic success. Accommodations create equal access and opportunity for success for students with disabilities.

**STUDENT RELEASE OF INFORMATION – MUST BE FILLED OUT BY STUDENT**

This form is one of several verification options. MVNU will accept other official documents as long as they are from an authorized professional on letterhead with contact information/qualifications and clearly state the disability, current functional limitations, the proposed accommodations and how they mitigate the limitations. Possible examples are: an IEP/504 plan, an official report or letter, etc. Accommodations are not retroactive and will only be implemented after approval. Notification of decisions will be made to the student's email account and to other relevant offices. Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. They are considered within the process and what is deemed to be reasonable.

*Qualified professionals must have the education and/or professional training for the specific disability they are verifying and are currently or have recently treated the student for said disability. Qualified professionals cannot be related to the student. Examples of qualified professionals include but are not limited to: physicians, specialists, psychologists, psychiatrists, educational experts, optometrists, etc.*

I, \_\_\_\_\_, grant permission to the below qualified professional to release confidential information and any other relevant details related to my academic accommodation request to the appropriate MVNU offices that provide and implement accommodations. I also understand my request is not complete until this form and the Accommodations Request form are both received.

\_\_\_\_\_  
**Student Signature**

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

**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL**

Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. Recommendations, reasonability, and ADA best practices are all given consideration in the decision making process.

The following information must be legible, whether printed or written.

Qualified Professional's Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
**Qualified Professional Signature**

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

ACADEMIC ACCOMMODATIONS VERIFICATION FORM  
Accessibility Services Office – Page 2 of 2

This form is one of several verification options. MVNU will accept other official documents as long as the information below is included and is from an authorized professional on letterhead and includes qualifications and contact information.

Please share the disability and/or diagnosis codes, related tests or scores: \_\_\_\_\_

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

*Relevant test results or documentation is appreciated and can be attached to this form.*

Date of Diagnosis: \_\_\_\_\_ Date of most recent visit: \_\_\_\_\_

Is the condition permanent? \_\_\_\_\_ If temporary, what is the estimated timeframe? \_\_\_\_\_

Please clearly describe the disability (and/or related medications) and the current functional limitations. \_\_\_\_\_

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

**Please provide accommodation recommendations and explain how they mitigate the disability.**

Typical academic and/or testing accommodations include but are not limited to: use of computer for notes and/or tests/quizzes, peer notes, audio recording lectures, texts in audio ready formats, extended time for tests/quizzes, a scribe and/or reader for tests/quizzes, low distraction testing space, private testing room, early registration, large print, preferred seating, interpreter, braille, closed captioning, modified attendance\*, practicum/field/clinical/internship accommodations, etc. \_\_\_\_\_

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

Any item marked with an \* has an additional form the student needs to submit to provide MVNU information to determine the best accommodations for the student's individual needs and program policies.

Thank you very much for your time to assist in providing reasonable accommodations. With the student's release of information at the top of this form, you may be contacted if further information is needed to act on this student's request.

Please submit this verification document to [AccessibilityServices@mvnu.edu](mailto:AccessibilityServices@mvnu.edu) or fax it to 740-399-8684 as quickly as possible so MVNU can provide the student accommodations in a timely manner.

**For Office Use Only:** Date Request Received \_\_\_\_\_ By Whom? \_\_\_\_\_

Date Verification Received \_\_\_\_\_ By Whom? \_\_\_\_\_

Date & Method (email/phone) to arrange Intake Meeting \_\_\_\_\_ By Whom? \_\_\_\_\_

Approved Accommodations: \_\_\_\_\_

\_\_\_\_\_

If Applicable, Accommodation Changes Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation decisions made by: \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation decisions communicated to student by: \_\_\_\_\_ Date: \_\_\_\_\_