

# DisAbility Verification Form



Disability Support  
Services

(307) 766 – 3073 (phone)  
(307) 766 – 3298 (fax)  
udss@uwyo.edu (email)

To consider any type of accommodation through DisAbility Support Services (DSS) at the University of Wyoming, we must have documentation. Information provided by you helps inform our interactive process. Fill out all sections related to your patient's needs. *The Diagnosis and Impact* section must be filled out. Optional sections are *Housing and Dining Requests* and *Emotional Support Animal Requests*. Upon receipt, a DisAbility Resource Coordinator reviews this form and meets with the student to determine reasonable accommodations for their college experience.

## Health Care Provider Guidelines for Completing Form:

- a) This form should be completed by a qualified medical professional with an establish treatment relationship with the student in accordance with professional licensing.
- b) Ensure clarity and thoroughness. Inadequate or vague information may delay the process.
- c) Supplement this form with any evaluative reports or other relevant information to provide a comprehensive understanding of the student's accommodation needs.
- d) Return this signed form to the student, or submit via email to [udss@uwyo.edu](mailto:udss@uwyo.edu) as a PDF, or via fax to (307)766 – 3298. For questions, please call (307) 766 – 3073.

**General information:** Complete the general information to include diagnosis and impact sections, regardless of the type of accommodation being requested (i.e. academic or housing). Fill out all sections. You do not need to include detailed medical information about the individual's disAbility. You should include only enough information so that the accommodation the individual is asking for can be clearly connected to their disAbility. We do not address personal preferences or guarantee academic success.

Student's Name:

Today's Date:

Student's Date of Birth:

Date of Last Contact with Student:

Date of First Contact with Student:

Total Number of Sessions:

**Healthcare Provider Information:** By signing this form: 1) the healthcare professional certifies that they are an appropriately credentialed or licensed professional trained in the assessment and treatment of the diagnosis(es) described herein and, 2) confirms that they have completed this form and gives DSS permission to contact them to verify information.

Provider Name (print):

Provider Signature:

Credentials/Certifications:

License Number:

Phone:

Fax:

Address:

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## Diagnosis and Impact

1. What is/are the diagnosis(es)? If no formal diagnosis is available, please provide a detailed description of the functional limitations, symptoms, or impacts. What symptoms and functions limitations impact the student's access in a postsecondary environment?

2. If any of the student's diagnoses are not expected to be permanent, what is the anticipated duration of the impact(s)?

3. What types of services does the student engage in (e.g. therapy, medication, etc.) for management and recovery? Describe any side effects and functional limitations resulting from treatment or medications.

4. If the student experiences episodes or flare-ups related to their condition, provide information about severity, frequency, and duration. If the student has a condition that is more constant or controlled, please skip to question 5.

5. What recommendations do you have as a medical provider to facilitate equal access for this student?

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## Housing and Dining Requests

The University of Wyoming has a requirement that all freshman live on campus to support student success and access to resources. Many students continue to live on campus after their first year. DisAbility Support Services grants accommodations to support equitable living environments. Your verification below should explain how the accommodation or modification the person is asking for is connected or related to their disAbility.

1. Describe the specific functional limitations, symptoms, and severity of impact on the student in the context of a residential setting. Include information related to triggers, and severity/frequency/duration of these symptoms.

2. What recommendations do you have to provide equal access in a residential setting that relates specifically to functional limitations? Why is the change necessary? (e.g. alone room, proximity to bathroom)?

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## Emotional Support Animal (ESA) Requests

According to the U.S. Department of Housing and Urban Development (HUD), internet-based documentation alone is usually insufficient to establish a non-observable disAbility or the need for an assistance animal. The questions below help gather reliable documentation for such requests (Information adapted from HUD Assistance Animals Notice, 2020). Dog, cats, and ferrets must be licensed in Laramie and properly vaccinated for their species.

1. Does the student have an existing relationship with a specific animal that could serve as an ESA?

Mark: Yes      No

If not, can you explain why you believe an ESA might be an effective form of support for the student at this time?

2. Describe the student's specific disAbility-related symptoms and how the animal has alleviated symptoms in the past, beyond the benefit of a typical pet. Vague statements (e.g. "They need an animal for their DisAbility") are insufficient—provide details that would inform why this animal is necessary.

3. If recommending an animal other than than a dog or a cat, explain why this species type is better suited to the student's needs.