



Disability Support Services Disability Verification

In order to provide the student below with educational services designed to help him/her be more successful in college, we require a verification of the student's disability. The following form is provided for convenience and is to be completed by the diagnosing professional:

CONSENT FOR EXCHANGE OF CONFIDENTIAL INFORMATION

I, the undersigned student, am requesting disabilities services from Cornish College of the Arts and hereby request and authorize you to exchange all pertinent educational, medical, or psychological information pertaining to my disability with Disability Support Services staff. This authorization is to remain in effect for as long as I am a student at Cornish College of the Arts.

STUDENT NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

SIGNATURE _____ DATE _____

DIAGNOSIS:

DATE(S) OF EVALUATION:

PROCEDURES, TESTS, METHODS USED, RESULTS/SCORES:

FUNCTIONAL LIMITATIONS(S):

(Resulting from the condition/disorder or its treatment that would, in your opinion, impede the student's educational performance)

Please circle all that apply:

Anxiety Distractibility Mental Confusion Panic

Difficulties with:

Organization Prioritizing
Time management Concentration
Managing a full-time course load Attendance
Reading comprehension Fine motor control / handwriting
Speaking - in class, individually Vision - near, mid, distant
Listening / hearing - lecture, group discussion, tapes
Specific subject area(s): _____

Other: _____



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STUDENT NAME _____

SUGGESTIONS FOR ACCOMMODATIONS, ADAPTIVE DEVICES, ASSISTIVE SERVICES, AND SUPPORT SERVICES AS SPECIFICALLY RELATED TO THE FUNCTIONAL IMPACTS NOTED MAY BE INCLUDED; HOWEVER, THE FINAL DETERMINATION RESTS WITH THE DISABILITY SERVICES COORDINATOR.

(i.e. notetakers, books on tape, reduced course load, use of tape recorder, interpreter services, additional time to complete assignments and/or exams, alternative test design, etc.)

SIGNATURE DATE

PRINT NAME LICENSE/DEGREE/CERTIFICATION

TITLE

AGENCY / FIRM

PHONE

Please attach appropriate diagnostic reports and return completed form to:

Cheryl Coatney
Student Affairs Program Coordinator
Cornish College of the Arts
1000 Lenora Street
Seattle, WA 98121
Phone: (206)726-5098/ Fax: (206)726-5097
E-mail: ccoatney@cornish.edu

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