



# Albion College

611 East Porter Street  
Albion, Michigan 49224

## Verification form for Physical Disabilities

Accessibility Services at Albion College provides accommodations and services to students with physical disabilities. To determine eligibility, this office requires current documentation to be completed by a professional familiar with the student's condition and history.

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis and date of diagnosis:

Please describe the degree of the impairment and any possible changes in the degree of impairment that might be expected.

List any current treatments, medications (including dosage and side effects), devices or services the student is currently receiving.

Describe the likely impact of the student's disability in the following areas of college life. Please include suggestions for accommodations and services to assist the student in these areas. Include a statement of the level of need for the accommodation.

Living arrangements:

Campus mobility:

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Accessibility Services

<https://www.albion.edu/offices/cutler-center/accessibility-services/>

Phone: (517) 629-0562 – FAX: (517) 629-0578



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**Classroom learning:**

**Studying, reading and writing:**

**Social activities:**

**Thank you for assisting us in developing a level of support that will allow the student to take full advantage of college life at Albion College. Any further information you might feel important to share is appreciated.**

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**Professional signature**

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**date**

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**Print Name and Title**

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**Address**

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**Telephone**

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**E-mail**

**Return this information to the Accessibility Services, Albion College, Albion Michigan 49224**





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## Release of Information

I, \_\_\_\_\_, hereby authorize the exchange and release of the following confidential information to Accessibility Services at Albion College for the purpose of determining my eligibility for educational accommodation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

