

OFFICE OF ACCESSIBILITY & VETERANS AFFAIRS
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MEDICAL/MENTAL HEALTH VERIFICATION APPLICATION

The Office of Disability Services is a student-centered, nurturing unit dedicated to ensuring that all students with disabilities have equal access to programs and activities at Alabama State University. Please complete the application below, include a signature from a Certified and/or Licensed medical or mental health professional familiar with your diagnosis.

Student's Name _____ Student ID# _____
[Print]

Medical/Mental Health Professional, Name & Credentials [Print]

Diagnosis _____

Date of Diagnosis _____ Currently Receiving Treatment ____ Yes ____ No

Explain _____

List of Medications

<u>Medication</u>	<u>Dosage [mg]</u>	<u>Side Effects</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Recommended academic Accommodations based on Student's diagnosis

Signature, Medical/Mental Health Professional Date _____