



GENERATIONS COLLEGE
LIVING THE LEGACY

312-922-1884
generations.edu
29 E. Madison St., Chicago, IL 60602

Disability Verification Form

Generations College is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide reasonable accommodations, in the form of academic adjustments and auxiliary aids and services, for qualified students with documented disabilities. The purpose of reasonable accommodations is to provide equitable access to all aspects of the college's programs.

Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. It is important to note that any diagnosed condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

Generations College is committed to supporting its students with documented disabilities by providing reasonable accommodations. While every effort will be made to meet individual needs, accommodations cannot be guaranteed. The college does not modify essential elements of an instructional program or course or provide accommodations for students whose impairments do not substantially limit one or more major life activity. This form is designed to allow the college to achieve these goals.

Students who request to receive reasonable accommodation due to disability must have this form completed by a certified physician or medical professional. The certified physician or medical professional completing this form must have first-hand knowledge of the student's condition and must have experience diagnosing and treating college students.

Verification of disability and request for service must be received at least **two weeks prior** to the beginning of the term. The completed form must be requested from and submitted to Dr. Sharvin Maisuria, Dean of Academic Affairs, who can be contacted at 312-922-1884 or at smaisuria@generations.edu. Once received, the Academic Affairs team will review the submission and notify the student of the approval or denial, along with any next steps.

Section I: Student Information *(to be completed by the student)*

Last Name:	First Name:	Middle Initial:
Student ID:	Date of Birth:	
Phone Number:	Email Address:	

Section II: Medical Information *(to be completed by Certifying Physician or Medical Professional)*

Certifying Physician or Medical Professional	
Name:	
Credentials / Specialty:	
Address:	
Phone Number:	Email Address:

Section II: Medical Information *(to be completed by Certifying Physician or Medical Professional)*

Treatment Record	
Diagnosis:	
Initial Date of Diagnosis:	Most Recent Appointment:
Side Effects of Current Medications (if applicable)	

Limitations Due to Disability
Limitations on learning abilities in higher education environment (e.g. difficulty in concentration/organization, difficulty managing distractions, lapses in memory, etc.)
Limitations on exams and classroom activities in higher education environment (e.g. attendance, taking exams, completing assignments, etc.)
Limitations on non-academic activities in higher education environment (e.g. parking, housing, mobility, etc.)

Section III: Recommended Accommodations

(to be completed by Certifying Physician or Medical Professional)

Each suggested or recommended accommodation should include a detailed explanation of its relevance to the diagnosed disability.

Final determination of appropriate accommodations will be determined by the college in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.

If you have any questions regarding this form, please call the college at 312-922-1884, Monday through Friday from 9:00 a.m. to 5:00 p.m. Central Time. This form should be returned via (in-person or mail) at:

29 East Madison Street,
Suite 200
Chicago, IL 60602

This document may not be released without written permission from the student or in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA).

Signature of Certifying Physician or Medical Professional

Date