



Disability & Accessibility Services
110 Lincoln Hall, CPO 2205
Phone: 859-985-3237
Fax: 859-985-3921
Email: hatfieldh2@berea.edu

Request for Information – Verification of a Temporary Impairment

Student's Name: _____

Date: _____

Berea College is committed to providing reasonable accommodations to students with temporary significant impairments that affect the student in their current functioning. Please assist us in determining short-term accommodations to ameliorate the impairment as it might impact various demands of Berea College (academics, physical, cognitive, social, emotional and/or work).

Please provide the following information

Diagnosis (ICD-10 or DSM-5): _____

Date of diagnosis: _____

Level of Severity: _____

Presenting Symptoms:

Treatments, medications, required medical or assistive devices, and/or services, if any:

Impact and/or restrictions in the educational and/or work setting:

Anticipated end date: _____

Please attach any additional information that you believe to be relevant. Feel free to contact us for questions you may have. By submitting this form, the student has given Disability & Accessibility Services of Berea College permission to contact you if we have any further questions. Thank you!

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Return this information, marked confidential to:

Berea College

Disability & Accessibility Services

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Berea, KY 40404

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