



Student Accessibility Center

Sullivan Center Suite 117 • Lake Shore Campus
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SECTION I: To be completed by student

Student Name: _____ Student ID Number: 0000_____

I am requesting academic support services through the Student Accessibility Center at Loyola University Chicago which requires current and comprehensive documentation of my disability. Please respond to the following questions as soon as possible and return to SAC by email or fax. I authorize SAC at LUC to contact you if clarification is needed.

Student Signature: _____ Date: _____

SECTION II: To be completed by professional only

Disability Verification Form

Please provide the following information regarding the student above to help us determine reasonable accommodations:

1. Diagnosis (if applicable, please include DSM V Code):

2. Describe any substantial limits to major life activities related to this condition:

3. List other information helpful in determining academic and/or student life accommodations:

4. Duration: Permanent (lasting 6 months or longer) Temporary – End Date: _____

5. Date of Diagnosis: _____ Date of last contact: _____

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Name of Physician or Certified Licensed Professional:

Title/Specialty: _____ License or Certification #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

I verify that the above information is complete and accurate to the best of my knowledge and certify that I am not related to this student.

Signature of Physician or Certified Licensed Professional: _____ Date: _____