

## Medical/Mental Health Verification Form

Hope College Disability and Accessibility Resources  
PO Box 9000  
Holland Mi, 49422-9000 Phone # 616-395-7925  
Fax # 616-395-7617

Due to the specific nature of a request for accommodation (a) 7 orr76cf3-125-1.9 8msf5-1.9 8 0 not be accepted

Please note: Disability Services determines appropriate accommodations. For housing related requests, Housing determines placement based on the approved accommodation.

**Part 1** (to be completed by s  
this form only.

I understand that my request for accommodations cannot be addressed until all required documentation is received by Disability Services.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Phone#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Part II** (to be completed by physician, or mental health provider)

Relevant Diagnosis (disability, acute, or chronic medical or psychological condition): \_\_\_\_\_

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Primary symptoms/behavior addressed in treatment, including date of onset: \_\_\_\_\_

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Brief history of presenting problem: \_\_\_\_\_

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Past treatment: \_\_\_\_\_

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Current treatment, including specific medication(s), and compliance: \_\_\_\_\_

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Description of any current functional limitations: \_\_\_\_\_

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Implications in a residential setting (housing): \_\_\_\_\_

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Implications in the academic environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Implications for campus accessibility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Licensed Physician/Mental Health Provider** (please print)

Name: \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

License # and State of License: \_\_\_\_\_

\_\_\_\_\_

Signature of Licensed Physician/Mental Health Professional: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Return this completed Medical/Mental Health Verification Form:

Hope College Disability and Accessibility Resources | Fax# 616-395-7617 | dar@hope.edu