



Accessibility Resources & Services  
550 North College Avenue  
Claremont, CA 91711  
Office: 909.621.8017 | Fax: 909.607.728  
Email: Disability@pomona.edu

## DISABILITY VERIFICATION FORM

The student named below is requesting accommodations on the basis of a disability at Pomona College. To determine eligibility for services, we require current and comprehensive documentation of their diagnosed condition resulting in impairment to functional abilities. The information provided here is confidential and will not become part of the patient's educational records. Please complete this form legibly and fill out entirely to avoid any delays.

### SECTION I: STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_ ID: \_\_\_\_\_ BIRTHDATE (MM/DD/YYYY) \_\_\_\_\_

### SECTION II: DIAGNOSTIC INFORMATION

1. DIAGNOSIS \_\_\_\_\_ DSM/ICD CODE \_\_\_\_\_

ONSET DATE \_\_\_\_\_



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## SECTION: RECOMMENDED ACCOMMODATIONS