

## Verification of Attention-Deficit Disorder (ADD)/ Attention-Deficit/ Hyperactivity Disorder (ADHD)

Academic Success Center/Disability Resources

Savitz Hall, 304 201 Mullica Hill Road Glassboro, NJ 08028 856-256-4259

## I. Student Section

To determine eligibility for accommodations and support services, the Office of Disability Resources requires specific information from both you and your provider. You must complete Student Section I, and your provider must complete Provider Section II. The entire verification form (all five pages) must be returned to the address listed above before services can be provided. Be sure to sign the release of information authorization below giving the Office permission to speak to your provider if there are questions related to your documentation.

## A. STUDENT INFORMATION

CTUDENT OF HULMANIC (DUEAGE DOINT)	DATE OF BIRTH
STUDENT S FULL NAME (PLEASE PRINT)	DATE OF BIRTH



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10.	If treatments (e.g., medications) are successful, why are the above accommodations necessary?			
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O(/II	DER CONTACT INFORMATION			
OVI	DER CONTACT INFORVATION			
	VIDER NAME AND TITLE			
PRO\				
	VIDER SIGNATURE	DATE		

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<sup>\*</sup> ADA and sec. 504 define a disability as a physical or mental impairment that substantially limits one or more major life activities such as learning.