



***Columbia International University***  
**Academic Success Center**  
**Verification of Disability**  
**2025ASC**

Student's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

CIU student ID #: \_\_\_\_\_ Services are requested to begin (semester/year): \_\_\_\_\_

***My signature grants the release of the requested information to Columbia International University.***

Student's signature: \_\_\_\_\_

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from the Academic Success Center (ASC) due to a disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to consider the request and ensure the provision of reasonable and appropriate accommodations, Columbia International University policy requires that a qualified professional provide current and comprehensive verification of the impairment.

Disability documentation should be current and relevant but not necessarily recent. The professional conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes:

1. **Physical disability:** rehabilitation counselor, speech and language pathologist, physician, or other appropriate licensed medical professional.
2. **Psychological disability (including ADHD):** licensed school or other psychologist, psychiatrist, or physician that follows DSM-V diagnostic procedures.
3. **Learning disability:** licensed school or other psychologist, learning disability specialist, speech and language pathologist, or psychiatrist.

The documentation and information provided must be sufficient to support current functional limitations in a college academic and residential setting. It should include a clear diagnosis, description of the disability in an educational setting, and the severity and longevity of the condition. The report may also offer recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations related to the academic or residential environment.

To facilitate the gathering of such critical information, please

1. Complete and sign this form (3 pages)
2. Attach diagnostic report(s) and/or other supporting documentation
3. Return documents to:

Lisa M. Lanpher, Ed.S.  
Academic Success Center Director  
Columbia International University  
7435 Monticello Rd.

Columbia, SC 29203  
Phone: (803) 807-5611  
Fax: (803) 807-5812  
e-mail: [academicsuccess@ciu.edu](mailto:academicsuccess@ciu.edu)

# ***Columbia International University***

## **CIU Verification of Disability P. 1 of 3**

**To be completed by a qualified professional**

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**Please type or print legibly**

Today's date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Student's birthdate: \_\_\_\_\_

1. Does the student have a disability as defined in the Americans with Disabilities Act? (See cover page.)  
(check one): Yes \_\_\_\_\_ No \_\_\_\_\_

Diagnosis:

\_\_\_\_\_

DSM-V Code and Name (if applicable):

\_\_\_\_\_

2. Date of diagnosis: \_\_\_\_\_ Date of last assessment: \_\_\_\_\_

Approximate date of onset: \_\_\_\_\_

3. Condition severity (check one): \_\_\_\_\_ Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe

Condition is considered (check one): \_\_\_\_\_ Short Term \_\_\_\_\_ Long Term

4. Clinical tools/measures used to determine the diagnosis (i.e. x-rays, lab tests, physical findings, symptoms that meet criteria for DSM-V diagnosis, etc.):

\_\_\_\_\_

5. Symptoms associated with the diagnosed disorder:

6. Current medications, dosage and frequency:

7. Possible impact and side effects of the medications identified above:

8. Student's functional limitations in an educational setting:

# ***Columbia International University***

## **Verification of Disability P. 2 of 3**

**To be completed by a qualified professional**

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**Please type or print legibly**

9. Student's functional limitations in a residential setting:
  
10. Frequency of evaluations necessary to maintain current functioning information for this student:
  
11. Summary of student's educational, medical, and family history that may relate to disability (if applicable):
  
12. Your recommendations regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Columbia International University (describe recommended aids):
  
13. Concerns you may have regarding the ability of this student to participate in higher education or the ability of the university to effectively accommodate the disability:
  
14. Attach and/or describe other information relevant to this student's academic adjustment:
  
15. By checking the boxes below, I confirm that the following items have been completed:  
  
\_\_\_\_\_ The form is completed.  
  
\_\_\_\_\_ The form is signed on the next page.  
  
\_\_\_\_\_ All diagnostic reports and/or other supporting documentation are attached.

# ***Columbia International University***

## **Verification of Disability P. 3 of 3**

**To be completed by a qualified professional**

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**Please type or print legibly**

***Please double check that all diagnostic report(s) and/or other supporting documentation are attached.***

Professional's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Professional's area of specialization: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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