



Disability Verification Form for Housing Accommodations
Emory University - Department of Accessibility Services (DAS)

Purpose of this form:

The Department of Accessibility Services (DAS) provides accommodations for students with disabilities. The purpose of this form is to assist healthcare providers in documenting a student's relevant disability information for determining accommodation eligibility.

To the healthcare provider:

An Emory University student has requested disability-related accessibility accommodations. The information you provide below will be used to inform the interactive process while reviewing an accommodation request. With the student's permission, we may contact you directly for additional information to assist us in making a determination.

Please complete this form thoroughly in English, and type responses if possible. Inadequate information or illegible handwriting may delay the review process. Even if the student doesn't have a diagnosis, please complete the form to the best of your ability. DAS cannot accept documentation written by a family member.

Please include any additional supporting documentation if relevant (e.g., test results, evaluations, previous accommodations).

Confidentiality:

All information provided will be kept confidential and used solely for the purpose of determining reasonable accommodations.

Submission Instructions:

Students can upload documents directly to the [Accommodate portal](#) by logging in with your NetID and password and navigating to "Upload Documents" under "Accommodations" on the left side of the portal.

Completed forms can be submitted to the Department of Accessibility Services at Emory University.

Email: accessibility@emory.edu **Fax:** (404) 727-1126

Additional Accommodation Information:

Additional information or considerations that may aid in the exploration of reasonable accommodations including barriers that may need to be addressed in the university setting.

Provider Information:

Provider name:	Credentials & license number:
Phone number:	Email:
Office address:	

Do you certify that the information provided is accurate and based on your professional evaluation of the student's disability?

Provider signature:	Date:
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