

Carnegie Mellon

Equal Opportunity Services • Whitfield Hall, 143 N. Craig Street, Pittsburgh PA 15213

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<http://www.cmu.edu/hr/eos>

Verification of a Disability/Parking

Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act (ADA regulations). Accommodations are determined on a case-by-case basis. Equal Opportunity Services serve as links between individuals with disabilities and the campus community. Information released will provide documentation of a disability for faculty, staff, students and prospective students of Carnegie Mellon University. All information will be considered confidential and only released to appropriate personnel on a need to know basis. To access services, individuals must initiate a request in writing for specific services/accommodations (books on tape, enlargements, interpreters, etc.). Accommodations prescribed only apply to Carnegie Mellon University and may not be valid elsewhere. The individual takes full responsibility for ongoing assistance. **In order to receive services/accommodations verification of a disability is required.** Under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services. To establish that an individual is covered under the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning and working. The following documentation requirements are provided in the interest of assuring that the documentation demonstrates an impact on a major life activity, is appropriate to verify eligibility, and supports the request for accommodations, academic adjustments, and/or auxiliary aids.

CARNEGIE MELLON UNIVERSITY EMPLOYEE OR STUDENT

Social Security Number: _____ Phone Number: _____ E-Mail _____

I, _____ of _____

hereby grant

permission to release the following information to Carnegie Mellon University, Equal Opportunity Services, Disability Resources.

Signature: _____ Date: _____

THIS PORTION TO BE COMPLETED BY MEDICAL OR OTHER APPROPRIATE INDIVIDUAL:

1. Diagnosis, date of diagnosis and last contact with individual:
2. Describe symptoms associated with this condition:
3. Describe how this condition may affect the individual academically and/or physically:
4. List current prescribed medication(s), dosage, frequency and adverse side effects:
5. Recommendations you have regarding accommodations, i.e., extra time for exams, housing, parking, equipment or other modifications?

Signature: _____ Date: _____

Print name and title _____

Address: _____

Phone: _____ E-mail: _____

Please return your report to: Larry Powell, EOS Manager Equal Opportunity Services, 102 Whitfield Hall, 143 N. Craig Street, Pittsburgh PA (412) 268-2013 lpowell@andrew.cmu.edu

This document can be produced in an alternative format. Call (412)268-2012