



Disability Resource Center
 124 Wimberly Hall
 Phone: 608.795.6900
 Fax: 608.785.6910
 Email: drc@uwlax.edu

DISABILITY VERIFICATION FORM

The University of Wisconsin La Crosse (“UWL” or the “University”) provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A disability is defined as a *physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a student with a disability may need to fully participate at UWL.

1. Student name: _____ Date of Birth: _____
2. Does the student have a disability as defined by federal law? Yes ____ No ____
3. A disability is defined as a physical or mental impairment that substantially limits one or more major life activity or activities.
4. Please identify the disability/disabilities: _____
5. Within the scope of your license/training/practice, please check the ways that the disability/disabilities limits major life functions below:

Major Life Activity	Check if limited by disability	Major Life Activity	Check if limited by disability
Breathing		Calculating	
Walking		Memorizing	
Standing		Cognitive Processing	
Reaching		Auditory Processing	
Lifting		Sensory Processing	
Performing Manual Tasks		Easily Distracted	
Maintaining Stamina		Meeting Deadlines	
Interaction with peers		Organization	
Interaction with instructors		Attending class regularly	
Seeing		Executive Functioning	
Speaking		Emotional Expression	
Writing		Bodily Functions	
Reading		Sleeping	
Hearing		Other:	
Managing Stress		Other:	

6. Please describe the ways the limitations of major life functions may impact the student's ability to participate at the University of Wisconsin-La Crosse.

7. If the student is undergoing any treatment, please describe and indicate how the treatment might affect the student academically. (e.g., medication side effects, regular appointments, etc.)

8. Are there any other factors or other information that you think would be helpful in determining accommodations for this student? (e.g., use of assistive devices/technology, past accommodations, provider recommendations, etc.)

9. Please attach any additional documentation that might be helpful in the accommodation process. (e.g., medical file notes, test results, etc.)

Name and position of verifier (print): _____
Signature of verifier: _____ Date: _____
License #: _____
Address: _____
Telephone: _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Please send completed forms using one of the following methods:

**Mail: Disability Resource Center
124 Wimberly Hall
1725 State Street
La Crosse, WI 54601**

Fax: 608.785.6910

Email drc@uwlax.edu

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