



# SOUTHWESTERN COLLEGE

Office of Disability Services

## Documentation of Disability

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form I grant permission for information concerning my disability to be released to Southwestern College, Office of Disability Services. All documentation of disability information is treated as confidential material.

Signature; \_\_\_\_\_ Date: \_\_\_\_\_

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### For professional Qualified to make diagnosis:

The above student has requested that you complete the following information or provide a written report that addresses all the areas listed to verify their disability. To ensure the provision of reasonable and appropriate services for students with disabilities, students needing services are required to provide current and comprehensive documentation of their disability. Any information you can provide that offers recommendations for necessary and appropriate auxiliary aids, service, academic adjustment, or other accommodation is needed.

Diagnosis:

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Date: \_\_\_\_\_

Duration of disability: Permanent \_\_\_\_ Temporary \_\_\_\_ / how long \_\_\_\_\_

Activity Limitations: (check all that apply) Attention \_\_ Hearing \_\_ Reading \_\_

Vision \_\_ Walking \_\_ Writing \_\_ other \_\_\_\_\_

Extent of limitations: \_\_\_\_\_

Suggestions of possible accommodations, auxiliary aids: \_\_\_\_\_

Professional's name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form to:

**Steve Kramer**  
**Disability Services Coordinator**  
**Southwestern College**  
**100 College Street**  
**Winfield, KS 67156**  
**Scan/Email: [steve.kramer@sckans.edu](mailto:steve.kramer@sckans.edu)**  
**Fax: 620-229-6363**