

**University of Alaska Fairbanks (UAF) Disability Verification  
Psychiatric Conditions**

The student listed below requested academic accommodations at the University of Alaska Fairbanks. Comprehensive documentation that establishes the diagnosis and describes the impact on major life activities particularly learning, concentrating and student life is required.

This form should be completed by an appropriate licensed professional such as the diagnosing psychiatrist, psychologist, or clinical social worker.

**Student completes this section:**

*UAF Student Data*

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

UAF Student ID: \_\_\_\_\_

**Professional completes this section:**

**1. DSM V diagnosis(es):**

\_\_\_\_\_

Level of limitation (circle one):      Mild      Moderate      Substantial

Global Assessment of Functioning Scale (if available): \_\_\_\_\_

**2. History of illness(es):**

Date of diagnosis: \_\_\_\_\_

Length and type of treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe symptoms that meet criteria for this diagnosis(es) and approximate date of onset:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student been hospitalized or used residential treatment for this disorder? If so, list approximate dates and length of stay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the student require follow-up (circle one):      Yes      No

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**Professional completes this section:**

3. **Describe the student's functional limitation in an academic setting**, and degree to which functioning is impaired; please include information about the impact of medication side effects, if relevant:

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4. **Please list your recommendations for accommodations** within the academic setting providing rationale from objective measures, or data sources used to assess functional limitations:

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**\*Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_ License: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO City State Zip

*UAF Disability Services Information*

Please Return this form to the student or to UAF Disability Services at:

UAF Disability Services  
PO BOX 755590  
Fairbanks, AK 99775

Phone. (907) 474-5655  
Fax. (907) 474-5688  
E-mail. [uaf-disability-services@alaska.edu](mailto:uaf-disability-services@alaska.edu)