



University of Alaska Disability Verification Form

The student listed below requested academic accommodations at the University of Alaska. 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 physician, licensed healthcare provider, psychiatrist, psychologist, or clinical social worker.

Student completes this section:

Name (please print): _____ Date: _____

Student Signature: _____ UA_13 (a)1.1M22bs85(g)1.1M22bs85(g)12b

