



# Union Theological Seminary

## Disability Certification Instructions

Dear Seminarian,

The Office of Student Life coordinates services for students with permanent and temporary disabilities such as but not limited to cognitive learning disabilities/ADD/ADHD; dyslexia; mobility, visual and hearing impairments; chronic medical conditions; psychiatric disabilities; and substance abuse/recovery with the goal of addressing the individual disability needs of students while upholding the academic integrity and standards of Union.

If you are a returning student with a disability and have not registered with the Office of Student Life to receive Disability Services, you should REGISTER NOW! Just start by completing the Disability Services Registration Form and by having a licensed or otherwise properly credentialed professional, detail your diagnosed disability and its duration, as well as your limitations and anticipated needs on the Disability Certification Form. Please note that the licensed or otherwise properly credentialed professional must have undergone appropriate and comprehensive training, have relevant experience, and have no personal relationship with you. An appropriate match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation may be documented by a physician, but not a licensed psychologist).

In order to allow the Office of Student Life to receive your medical records, contact your clinician and/or parent(s)/guardian/family member(s); and/or to provide your name/email/phone # to a prospective student or current Union student with a similar disability for peer support; and/or to send your documentation to a specific person, complete and sign the Disability Services Release Form. The Disability Services Registration, Disability Certification and Disability Services Release Form(s) are located on the following pages. Once the forms are complete, please mail or submit them with any additional supporting medical documentation to the attention of:

Yvette D. Wilson, Associate Dean for Student Life, Union Theological Seminary, 3041 Broadway, NY, NY 10027. You may also have the completed forms scanned and emailed to [ywilson@uts.columbia.edu](mailto:ywilson@uts.columbia.edu).

For more detailed information on Disability Services at Union view [www.utsnyc.edu/disability](http://www.utsnyc.edu/disability).

The Office of Student Life looks forward to supporting you throughout your theological journey.

Wishing you well,

Yvette D. Wilson,  
Associate Dean for Student Life



## DISABILITY SERVICES REGISTRATION FORM

I, \_\_\_\_\_, on \_\_\_\_\_  
*Student Name [Print]* *Date*

register with the Office of Student Life at Union Theological Seminary to receive Disability Services which includes appropriate accommodations and academic adjustments in order to ensure that I have equal opportunity to attain the same quality of education as well as be assessed for course content and evaluated in the same manner as students without disabilities.

**Signature:** \_\_\_\_\_  
*Student Name*



## DISABILITY CERTIFICATION FORM

Dear \_\_\_\_\_,  
*Physician/Clinician/Licensed Credentialed Professional*

I am registering to receive Disability Services from the Office of Student Life which will allow me to receive appropriate accommodations and academic adjustments as needed for my diagnosed disability. I am, therefore, asking you to please certify my disability diagnosis and its duration, and the limitations that it places upon my abilities. Thank you for your immediate response to this request,

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

### To be completed by Physician/Clinician/Licensed Credentialed Professional Only

**Student Name:** \_\_\_\_\_ **Disability Diagnosis and DSM-IV category, if applicable:**

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**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Agency/Hospital:** \_\_\_\_\_

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

**Telephone:** (     ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_



## DISABILITY SERVICES RELEASE FORM

I, \_\_\_\_\_,  
*Student Name [Print]*

a student registered with the Office of Disability Services at Union Theological Seminary, give the Office of Student Life permission for the following: **(check all that apply)**

- \_\_\_\_\_ to receive my medical records to keep on file in the Office of Student Life
- \_\_\_\_\_ to give my name/email/phone # to a prospective student with a similar disability
- \_\_\_\_\_ to provide my name/email/phone # to a prospective student with a similar disability
- \_\_\_\_\_ to contact my physician/clinician regarding any problems. Provide name with phone # and email **(print legibly)**:  
\_\_\_\_\_
- \_\_\_\_\_ to contact parent(s)/guardian/family member(s) regarding any concerns. Provide name(s) with phone # and email addresses **(print legibly)**:  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ to send my documentation to (provide name and contact information – **print legibly**):  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_  
*Student Name*

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