

SANTIAGO CANYON COLLEGE
Disabled Students Programs & Services
8045 E. Chapman Avenue, Orange, CA 92869
(714) 628-4860
(714) 532-4684 fax

DISABILITY VERIFICATION

THIS SECTION MUST BE COMPLETED BY THE STUDENT

Name: _____ Student Number: _____
Birthdate: _____ Telephone : _____

In order to receive disability-related services at Santiago Canyon College a verification of disability must be provided. I request that the professional designated below complete this form.

THIS SECTION MUST BE COMPLETED BY THE LICENSED PROFESSIONAL

Please provide the following information in full in order to help determine reasonable educational accommodations to support this student:

1. Diagnosis _____
If Applicable:
Visual Acuity: R _____ L _____
Audiogram – Please attach most recent
2. DSM IV Code: _____ Severity (circle): Moderate / Severe
3. Please describe how this condition substantially limits major life activities:

4. Condition is : stable prone to exacerbation
5. Duration of disability: permanent/chronic
 temporary (estimated duration of disability) _____

I understand that the information provided by the verifying professional will become part of the DSPS record and may be released to the student upon their written request.

Verifying Professional Signature: _____ **Date:** _____

Please print identifying information or attach business card:

Print Name: _____ License Number: _____
Address: _____
Telephone: _____

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's office of the California Community College or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form if being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.