Disability Support Programs and Services (DSP&S)

Disability Verification

******* C O N F I D E N T I A L *******

STUDENT INFORMATION

Date: ______________________ Student ID: _________________ Date of Birth: ____________________

Last Name: ______________________________ First Name: __________________ Middle Initial: _____

Street Address: ____

City: ____ State: _______________ ZIP: _________

Home Phone: ____________ Cell/Work Phone: ____________ Email Address: ____________________

PROFESSIONAL SECTION

Name of Licensed/Certified Professional: ____

Street Address: ____

Phone: ____ FAX: ___________________________

Please provide the following information in order to help determine reasonable educational accommodations to support this student. Please be as detailed as possible.

Diagnosis: ____

____

DSM IV Code and Severity (if applicable): ____

Please describe how this condition substantially limits major life activities: _________________________

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Condition is: ☐ Stable ☐ Prone to exacerbation ☐ Permanent/Chronic

☐ Temporary. Please give estimated duration or date of re-evaluation _______________

I understand that the information provided with this from will become part of the student's record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written consent.

Signature: ________________________________ Title: ______________________ Date: _____________

Please return with attached educational, medical, and/or psychological documentation to:

☐ Student (see address above) ☐ Cosumnes River College (see address below)

COSUMNES RIVER COLLEGE
Disability Support Programs & Services
8401 Center Parkway, BS-104, Sacramento, CA 95823

(916) 691-7275
www.crc.losrios.edu
crc-dsps@crc.losrios.edu