

DISABILITY VERIFICATION (DV)

**PLEASE RETURN TO:
FULLERTON COLLEGE • DISABILITY SUPPORT SERVICES**
321 E. Chapman Avenue • Fullerton, California 92832
Phone (714) 992-7099 • dsp@fullcoll.edu

The student named below may be eligible for special services at this college. In order to provide services we must have a verification of disability/diagnosis. The information you provide will be used for the sole purpose of determining eligibility for and authorization of accommodations at Fullerton College.

Last Name First Name M.I. Date of Birth

Phone Number Student ID#

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

- 1. Diagnosis: _____
If applicable, DSM-5 Code and Severity: _____
- 2. Duration of Condition
 Permanent/Chronic
 If temporary, give estimated duration _____
- 3. Condition is:
 Stable Observable
 Prone to exacerbations Non-observable
- 4. Prescribed Medication(s), Dosage and Side effects: _____

- 5. Functional limitations of condition and/or medication (e.g. the ways in which the diagnosis and/or side effects of medications affect the student.) **Please check:**
 Speaking Hearing loss Processing oral material
 Limited ambulation Taking class notes Processing visual materials
 Visual acuity Providing written assignments Easily distracted
 Poor concentration Slow processing of information
 Other: _____
- 6. Please list other special assistance needed: _____

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Signature _____
Verifying Licensed Professional Title/License # Date

Name (printed) _____

Address _____

Phone _____ FAX _____