California State University
MONTEREY BAY
Extraordinary Opportunity

STUDENT DISABILITY & ACCESIBILITY CENTER (SDAC)
Health & Wellness Services (Bldg. 80)
100 Campus Center, Seaside, California 93955-8001
Phone 831.582.3672 | Fax 831.582.4024 | TTY 831.582.5307
Email: sdac@csumb.edu
URL: https://csumb.edu/sdac

DISABILITY VERIFICATION

For Learning Disabilities

Please complete one of the following steps listed below and return to SDAC at the above address

The student named below may be eligible for services offered through Student Disability & Accessibility Center (SDAC). In order to provide these services, we must have verification of the student's disability. Please be assured that the information provided below will be used in confidence for the educational benefit of the student.

1. **Please send complete, comprehensive learning disability assessment with narrative report to SDAC** at the above address. This report should be done with adult measures. See CSU Policy for the Provision of Accommodations and Support Services to Students with Disabilities: Appendix A, LD Guidelines for further information. Forms submitted without an assessment report are considered incomplete and the student might not be approved for accommodations.

-OR-

2. Complete this two-page form to authorize SDR to contact your previous disability service provider or medical provider and request your previous Learning Disability Assessment report.

-OR-

3. If you have not yet completed a comprehensive Learning Disability Assessment and want to discuss potential options for this, please contact Student Disability & Accessibility Center (SDAC) to schedule a phone appointment or visit with a Disability Advisor.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Email: _____ Student ID #: _____

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____

I, the above named individual and undersigned, request and authorize the release of information pertaining to my disability to California State University Monterey Bay, Student Disability & Accessibility Center (SDAC). All information will be kept confidential and maintained as part of my student records in the SDAC office at CSUMB.

I authorize the release of information to include one or more of the following records:

_____Learning Disability Assessment with narrative report

_____Psychological Testing Results and Report

_____I.E.P./ 504 Plan

_____Other:_____

This authorization shall remain effective until written revocation has been delivered to the office for CSUMB Student Disability & Accessibility Center (SDAC).

_____ _____

Signature of Student/Client Date:

A PHOTOCOPY OF THIS IS AS VALID AS THE ORIGINAL.

_____ _____

Name of Professional who Conducted the Assessment Year of Assessment

Title/Speciality: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____