



STUDENT DISABILITY & ACCESSIBILITY 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 Physical/Medical Functional Limitations

Please fill out and return this form to SDAC at the above address.

The student named below may be eligible for services offered through the 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.

TO BE COMPLETED BY THE STUDENT

Student Name: _____ Phone Number: _____

Address: _____
Street City State Zip Code

Email: _____ Student ID#: _____

Student Signature for release of medical information to SDAC: _____

FOR LICENSED PRIMARY HEALTH CARE PROVIDER, NEUROPSYCHOLOGIST, OR OTHER STAFF.

Student's Disability: (Please check one or more) Date of last office visit: _____

Visual: Total Partial Loss of Sight

Mobility or Orthopedic Impairment Description: _____

Hearing Impairment: Total Partial Loss of Hearing (Attach Audiogram)

Acquired Brain Impairment Description: _____

Other Disability: _____

1. Severity level and current symptoms: _____

2. Prescribed medications, dosage, and side effects: _____

3. Functional Limitations (disorder/medication effect on academic tasks): _____

4. What is the prognosis for this student? _____

Comments: (Please provide any additional information that will help us better serve your patient/client.)

Signature of Professional

Date:

Name (Printed)

License #:

Title/Speciality: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please return this form to our office as soon as possible so this student may be considered for participation in our program. If you have any questions, please call (831) 582-3672. We invite you to add any documents from your files, which would further describe their current disability.