California State University
MONTEREY BAY
Extraordinary Opportunity

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 Psychological Disorders Including ADHD

Please fill out and return this form 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.

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 CLINICAL PSYCHOLOGIST, NEUROPSYCHOLOGIST, OR OTHER STAFF.

Date of Assessment: ______________________ Date of last office visit: ________________

1. Assessment/Evaluation procedures: ____

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2. Severity level and current symptoms: ____

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3. Prescribed medications, dosage, and side effects: ____

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4. Functional Limitations (disorder/medication effect on academic tasks): ____________________________

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5. What is the prognosis for this student?: ____

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____ ______________________

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 this student's current disability and your recommendations.