COMPTON COLLEGE

Special Resource Center (SRC)

VERIFICATION OF DISABILITY

STUDENT NAME		
STUDENT ID #	**BIRTH DATE**	**PHONE #**
I hereby authorize the information requested below be released to SRC at Compton College		
STUDENT SIGNATURE		**DATE**

PHYSICIAN OR VERIFYING PROFESSIONAL			
PHONE #		**FAX#**	
ADDRESS	**CITY**	**STATE**	**ZIP**

Compton College SRC uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by SRC. Personal information recorded on this form will be kept confidential to protect against unauthorized disclosure. Portions of this information may be shared with state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000

VERIFYING PROFESSIONAL- List all disabilities and include information describing the student's disabling condition		
DIAGNOSIS		
Current DSM/ICD and Severity (if applicable):		
Describe substantial limitations to learning and other major life activities: i.e., problem solving, mobility, distractibility, communication skills, medications or others that affect educational performance		
DURATION Permanent/ Chronic	Date of Diagnosis:	
Temporary (date of re-evaluation or estimated duration of disability)		
Signature of Licensed/Certified Professional	Print Name	
Professional Title (i.e., MD, Ph.D., etc.,)	License/Certification #	Date