



**DISABILITY SERVICES &  
PROGRAMS FOR STUDENTS**  
AMERICAN RIVER COLLEGE

4700 College Oak Drive Sacramento, CA 95841  
Tel: 916-484-8382 • VP: 916-993-3087 • Fax: 916-484-8888

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Dear Professional:

The student named on the attached Disability Verification Form has applied for services available to qualified individuals with disabilities through the Disability Services & Programs for Students (DSPS) at American River College. Current and comprehensive documentation of the student's disability must be on file in the DSPS department to determine appropriate and reasonable educational accommodations. This verification must be in an acceptable form from a professional according to California Education Code Title 5, Section 56006. The student identified has indicated that you could provide documentation of disability along with information pertinent to functioning in college.

Once the information is received by the college it becomes subject to the Federal Family Education Rights and Privacy Act of 1974 (FERPA) regulations which state that the information is available to the student upon request. Please complete the attached Disability Verification form and return as indicated to our office or to the student.



# Disability Verification

In order to receive disability related services at American River College, students must provide verification of disability. Please provide this form to the licensed or certified professional below who can verify your disability.

Return the completed form with your application for services to the DSPS Department.

**To be completed by Student:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*I request that the professional designated below complete this form:*

**Name of Licensed or Certified Professional:** \_\_\_\_\_  
Professional's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Professional's Phone Number: \_\_\_\_\_ Professional's Fax Number: \_\_\_\_\_

**To be completed by the above Licensed or Certified Professional:**

*Please provide the following information in full where applicable in order to verify disability and help determine reasonable educational accommodations to support this student:*

1. Diagnosis of disability: \_\_\_\_\_  
\_\_\_\_\_
2. ICD-10 / DSM-V code: \_\_\_\_\_
3. Severity level and current symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Prescribed medications, dosage and side effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Functional limitations (disorder / medication effect on academic tasks): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe how this condition substantially limits major life activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Condition is:       Chronic  
                              Prone to exacerbation by: \_\_\_\_\_

8. Date of Diagnosis: \_\_\_\_\_

**Verifying Professional Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis: \_\_\_\_\_  
\_\_\_\_\_

License #: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Educational, medical and or psychological documentation should be attached and returned to:**

*Disability Services & Programs for Students ATTN: Disability Verification  
American River College 4700 College Oak Drive Sacramento, CA 95841-4286*

Please return this form to our office as soon as possible so this student may receive support from our program.  
If you have any questions, please call (916) 484-8382.