ANTELOPE VALLEY COLLEGE OSD DISABILITY VERIFICATION Office for Students With Disabilities

THIS SECTION MUST BE COMPLETED BY THE STUDENT
Name:*Student ID#:
Address:
Birthdate:TELEPHONE #:
In order to receive disability-related services at Antelope Valley College a verification of disability must be provided. I request that
the professional designated below complete this form.
Name of Licensed or Cortified Professional
Name of Licensed or Certified Professional:
Address: TELEPHONE #:
THIS SECTION MUST BE COMPLETED BY THE LICENSED OR CERTIFIED PROFESSIONAL
Please provide the following information, in full in order to help determine reasonable educational accommodations to support this
student:
1. Diagnosis:
DSM IV Code and Severity (if applicable)
3. Please describe how this condition substantially limits major life activities:
4. Condition is: o stable o prone to exacerbation
5. Duration of Disability: o Permanent/Chronic o Temporary (estimated duration of disability)
Please return this form to:
o College – Antelope Valley College, Attn: OSD, 3041 W. Avenue K, Lancaster, CA 93536
o Student – See Address Above
I understand that the information provided by the verifying professional will become part of the student record, and may be released
to the student upon their written request.
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 in the space provided below.
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The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other 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 et seq.