Disability Verification

The student named below may be eligible for support services at CSU, Dominguez Hills. In order to provide services, we must have a verification of disability as defined at the bottom of this page. Please attach a business card.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>M.I.</th>
<th>Student ID#</th>
</tr>
</thead>
</table>

Address | City | State | Zip code |
---------|------|-------|----------|

Please Provide The Following Information In Full:

1. Description of Disability (ies)

2. Functional/Academic Limitations (i.e. limited ambulation/visual acuity/degree of hearing, etc.):

3. Prescribed Medication which may affect a student’s performance in school:

4. The above – mentioned disability (ies) is/are:
   - Permanent/Chronic
   - Temporary
   - Less than 45 days
   - 45 days or greater

5. Recommended assistance
   - Yes
   - No
   If yes, please be specific:

6. This disability is:
   - Observable
   - Not Observable

Section 504 of the Rehabilitation Act and the American with Disability Act (ADA), provides the following definition of a disability: any person who (I) has a physical or mental impairment which substantially limits one or more major life activities (II) has a record of such impairment or (III) is regarded as having such impairments.

It is understood that information furnished on this form is provided with written release from the above named student and will be used in confidence for the educational benefit of the student.

___________________________________________  ______________________________________
Signature of Certifying Professional  Print Name

Title  Date

Revised 1/2016