Cypress College
Disability Support Services
Disability Verification

CONFIDENTIAL

Student's Name _____ Student ID # _____ Date of Birth ___/___/___

Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Please provide the following information in order to help us determine the appropriate educational accommodations to support this student:

1. Diagnosis DSM/ICD code, if applicable
   1) _____ Mild ☐ Moderate ☐ Severe ☐
   2) _____ Mild ☐ Moderate ☐ Severe ☐
   3) _____ Mild ☐ Moderate ☐ Severe ☐

2. Functional limitations of disability and/or medications. Please check:
   - ☐ Speaking
   - ☐ Limited ambulation
   - ☐ Visual acuity
   - ☐ Poor concentration
   - ☐ Hearing loss
   - ☐ Taking class notes
   - ☐ Completing written assignments
   - ☐ Slow processing of information
   - ☐ Processing oral material
   - ☐ Processing visual materials
   - ☐ Easily distracted
   - ☐ Other _____

3. Prescribed medications and dosage: _____

4. The above-mentioned disability(ies) is/are:
   - ☐ Permanent / Chronic

   OR

   - ☐ Temporary – Must provide estimated duration of disability: _____

5. This condition is: ☐ Stable ☐ Prone to exacerbation

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request. Form must be signed by a qualified professional (medical practitioner or psychologist) licensed to diagnose such condition/disability.

Signature _____ _____ _____
Verifying Licensed Professional Title Date

Name: (printed) _____

Address _____

Phone _____ FAX _____

PLEASE RETURN **TO STUDENT.**

Student, once you receive the completed form, please submit your online application at dss.cypresscollege.edu and upload this document as your disability verification.

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North Orange County Community College District

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