



MOORPARK COLLEGE ACCESS



ACCESSIBILITY COORDINATION CENTER AND EDUCATIONAL SUPPORT SERVICES

DISABILITY VERIFICATION FORM

Name: _____ Student ID#: _____

Date of birth: _____ Phone#: _____

This student may be eligible for special services at Moorpark College. In order to provide these services we must have a verification of disability. **The information you provide will become part of the student record and may be released to the student upon their written request.** Please provide all of the following information in order to help determine reasonable educational accommodations to support this student. Any other pertinent information that may help us to better serve this student's educational needs will be appreciated.

THIS SECTION MUST BE COMPLETED BY A LICENSED PROFESSIONAL

1. DISABILITY (IES) _____

2. ICD-9 of DSM 5 Code and severity (if applicable) _____

3. Describe how this condition substantially limits any major life activity. **Please address areas relating to attention, concentration, and mental processing needed for academic progress.**

4. The disability is: Stable Variable Prone to exacerbation
The disability is: Chronic/on-going Temporary (estimated duration) _____

Verifying Professional Signature: _____ Date: _____

Name (Print): _____ Title: _____

Address: _____

Phone#: _____ Fax#: _____

OFFICE STAMP/BUSINESS CARD HERE

Alternative Format Available – 805 378-1461