DISABILITY VERIFICATION FORM
PROGRAMS & SERVICES FOR STUDENTS WITH DISABILITIES (PSSD)
BERKELEY CITY COLLEGE

In order to receive support services from PSSD, a disability verification form must be completed and by agency or licensed verifying professional.

STUDENT SECTION

Student Information		
Last Name	First Name	Middle Initial
Street Address	City, State, Zip	Student ID
MRN or last four digits of SSN	Phone Number	Date of Birth

PROFESSIONAL SECTION

Please provide the following information in full to help determine reasonable educational accommodations to support this student.

Name of Licensed or Certified Professional	Professional License No.
Address	Email Address
Fax Number	Phone Number

Diagnosis(es):		
DSM 5 Code and Severity (if applicable):		
Please describe how condition(s) substantially limits major life activities:		
Recommended academic accommodations:		
Prescribed medications:		
Condition is:	☐ Stable	☐ Prone to exacerbation/Chronic
Duration of disability:	☐ Permanent	☐ Temporary Estimated duration: ____

I understand that the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request.

Signature of Verifying Professional	Title	Date