



DISABILITY RESOURCE SERVICES
 CALIFORNIA STATE UNIVERSITY STANISLAUS
 Voice (209) 667-3159 | TTY (209) 667-3044 | Fax (209) 667-3585
 Online <http://www.csustan.edu/drs>

Disability Verification Form

The student below may be eligible for disability accommodations at California State University, Stanislaus. In order to determine eligibility and appropriate academic accommodations, CSUS must have verification of the diagnosis and of the resulting functional limitations. Information on this form will be used in confidence for the educational benefit of the student.

(To be completed by the student):

First Name	Middle Initial	Last Name	Student ID	Phone Number	Date of Birth

This section to be completed by certificated professional

1. Description and date of diagnosis(es): _____

2. Describe the functional limitations and severity of impact on the student in an educational setting:

Please note that accommodations will be determined based on documented, specific functional limitations.

3. Describe any side effects and functional limitations resulting from treatments or medications: _____

4. The above documented diagnosis is: _____ permanent/chronic _____ temporary until _____

Month/Date/Year

Certifying Professional:

***The documented diagnosis must be within the professional expertise
and scope of practice of the certifying professional.***

Name (typed or printed)	Signature		
Title	License #		
Address	City	State	Zip Code
Phone Number	Fax Number	Date	