Services for Students with Disabilities
California State University, Fresno
Henry Madden Library, Suite 1202
5200 N. Barton Ave. Fresno, CA 93720
Phone: (559) 278-2811
Video Phone: (559) 478-2861
Fax: (559) 278-4214

Disability Verification Form

Student Information

Students Full Name:_____

Campus ID Number:_____ Birth Date:_____

Primary Phone Number:_____ E-mail:_____

Address (Local):_____

City:_____ State:_____ ZIP Code:_____

Authorization for Physician or Agency to Contact Services for Students with Disabilities

I authorize the following individual or organization to release the following information to Services for Students with Disabilities at California State University, Fresno:

Physician or Agency Name:_____

Address:_____

City:_____ State:_____ ZIP Code:_____

Test Results and Other Diagnostic Information

The California State University system requires written verification of disability in order to authorize academic for functional accommodations. A person with a disability is defined by the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as "anyone with a physical or mental impairment that substantially impairs or restricts one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."

The student named above has applied to Services for Students with Disabilities for disability-related academic accommodations. To insure appropriate and timely accommodations, please provide the following information, test results and other diagnostic data as soon as possible.

Please specify the specific diagnosis:_____

Please complete the following for DSM 5 diagnosis(es)

AXIS I:_____

AXIS II:_____

AXIS III:_____

AXIS IV:_____

AXIS V:_____

Status of Prognosis: ☐ Permanent ☐ Temporary If Temporary, please specify the length of time:_____

Which major life activity does this individual's disability substantially limit?

☐ Breathing	☐ Hearing	☐ Manual Tasks	☐ Vision
☐ Caring for one's self	☐ Learning	☐ Speech	☐ Walking

Description of disability's functional impact in an academic setting:

_____

Current medication(s):_____

Side effects that may impact physical, perceptual and/or cognitive performance in an academic setting:

_____

Recommended accommodations that this student may need to create an even experience and provide equal access:

_____

I certify this individual experiences a disability as defined by the above:

Print Name:_____ Title:_____

Signature:_____ Date:_____

Please return this form to the address above. ALL INFORMATION IS CONFIDENTIAL AND FOR PROFESSIONAL USE ONLY. Please be aware, however, that under FERPA the documents are subject to review as a part of the education records of the office of Services for Students with Disabilities.