CFCC - SAS • 411 North Front Street
Wilmington, North Carolina 28401-3993
Phone (910) 362-7017 • Fax (910) 362-7113

DISABILITY VERIFICATION FORM

I, (PRINT STUDENT NAME) _____ , hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation(s), as based on the federal guidelines for the definition of a disability.

_____	_____	_____
Date	Signature of Student	Date of Birth
_____	_____	_____
Student Phone Number	CFCC Student ID	Last 4 digits of Student SSN

Complete both sides of one verification form for each diagnosis. Please note the following information:

- An *intellectual disability and/or learning disability* diagnosis must be accompanied by a current, appropriate diagnostic evaluation, which includes test scores.
- *Visual or hearing loss* diagnosis must be accompanied by an acuity and/or audiology report that addresses the current impact of the diagnosis, as well as information about the specific assistive technology used by the student.

Diagnosis/DSM V code: _____

Level of Severity: ☐ Mild ☐ Moderate ☐ Severe

Date of Diagnosis: _____ Date of Last Visit: _____

Frequency of office visits: _____

Does this condition interfere with one or more of the following major life activities? (Check all that apply)

☐ Walking	☐ Reading	☐ Learning	☐ Eating	☐ Speaking	☐ Communicating
☐ Lifting	☐ Hearing	☐ Standing	☐ Manual tasks	☐ Sleeping	☐ Concentrating
☐ Working	☐ Bending	☐ Seeing	☐ Thinking	☐ Breathing	☐ Caring for one's self

Describe the student's condition, symptoms, and the impact on life activities, including academics:

_____

_____

Treatments, medications (including side effects), assistive devices/services currently prescribed or in use:

_____

_____

Confidential

The information is provided by the Student Accessibility Services office for the purpose of educational planning. We appreciate the respect for the student's confidentiality and your understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Student Accessibility Services has received all necessary documentation that substantiates the student's need for academic accommodations.

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RECOMMENDED ACCOMMODATION(S):

_____

_____

_____

Provider's Name: _____ Title: _____ License #: _____

Address: _____ Phone: _____

Fax: _____

Signature _____ Date _____

Please remember:

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- *Visual or hearing loss* diagnosis must be accompanied by an acuity and/or audiology report that addresses the current impact of the diagnosis, as well as information about the specific assistive technology used by the student.

Please return to:

Cape Fear Community College – Student Accessibility Services

411 N. Front Street
Wilmington, NC 28401

Phone: (910) 362-7017
Fax: (910) 362-7113
Email: sas@cfcc.edu

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