

**LICENSED OR CERTIFIED PROFESSIONAL
DISABILITY VERIFICATION**

**LAKE TAHOE COMMUNITY COLLEGE
DISABILITY RESOURCE CENTER - One College Drive, South lake Tahoe, CA 96150-4524**

THIS SECTION MUST BE COMPLETED

Name: _____ *SSN/ID : _____

Address _____

Birthdate: _____ TELEPHONE #: _____

In order to receive disability-related services at Lake Tahoe Community College (LTCC) through the Disability Resource Center (DRC) a verification of disability must be provided. I request that the professional designated below complete this form.

Name of Licensed or Certified Professional: _____

Address: _____

FAX #: _____ TELEPHONE #: _____

THIS SECTION MUST BE COMPLETED BY THE LICENSED OR CERTIFIED PROFESSIONAL

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

DSM/ICD Diagnosis and Code Number: _____ Date of Diagnosis: _____

1. **Condition is:**
 - stable
 - prone to exacerbation

2. **Duration of Disability:**
 - Permanent/Chronic
 - Temporary (date of re-evaluation or estimated duration of disability) _____

3. **Major Life Activity with which this condition interferes:**
__ Manual Tasks __ Walking __ Seeing __ Hearing __ Breathing __ Learning __ Speaking

4. **Functional Limitations:**
 - __ Organize/Sequence
 - __ Abstract Thinking
 - __ Panics
 - __ Difficulty focusing for extended periods of time
 - __ Difficulty formulating and executing plan of action

 - __ Easily Distracted
 - __ Poor Concentration
 - __ Other: _____
 - _____
 - _____

Current educational, medical, and/or psychological documentation should be attached and returned to:

Lake Tahoe Community College
ATTN: Disability Resource Center Director
One College Drive
South Lake Tahoe, CA 96150-4524

phone: 530.541.4660 ext. 249
fax: 530.542-7104

I understand that the information provided by the verifying professional will become part of the student's confidential records.

Verifying Professional Signature

License Number

Date

The LTCC Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the LTCC Disability Resource Center. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.