



Lake Tahoe Community College  
 Student Accessibility Services  
 One College Drive, South Lake Tahoe, CA 96150  
 Disability Verification

**This section must be completed by the student.**

Student Name:

Birthdate:

SSN/ID:

Address:

In Order to receive disability-related services at Lake Tahoe Community College through Student Accessibility Services a verification of disability must be provided. I request that the professional designated below complete this form.

**This section must be completed by the student.**

Name of Licensed or Certified Professional:

Scope of Practice:

Telephone:

Fax:

Address:

**This section must be completed by the licensed or certified professional.**

Please provide the following information in full to help determine reasonable academic accommodations:

Diagnosis/es:

DSM-V Code:

Diagnosis Date:

Condition is:  Stable  Prone to Exacerbation  
 Severity:  Mild  Moderate  Severe  Remission

Duration:  Permanent/Chronic  Temporary:  
 If Temporary - expected duration: \_\_\_\_\_

**Major Life Activities Impacted by Condition:**     Seeing     Hearing     Eating     Sleeping     Standing/Sitting     Breathing

Reaching, Lifting, or Bending     Speaking     Breathing     Thinking or Concentrating     Communicating or Interacting with Others     Caring for Oneself

**Functional Limitations in Education Setting:**     Reading or Writing     Mathematics     Poor Concentration     Processing Information

Planning Classes     Test Taking     Taking Notes

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

Lake Tahoe Community College  
 ATTN: Student Accessibility Services  
 One College Drive, South Lake Tahoe, CA 96150  
 PHONE: (530) 541-4660  
 FAX: (530) 542-7104

Verifying Professional Signature

License/Certification Number

Date

The LTCC District uses the information requested on this form for the purpose of determining a student's eligibility to receive services provided by the LTCC Student Accessibility Services. Personal information recorded on this form will be kept confidential to protect against unauthorized disclosure. Portions of this information may be shared with the California Community College Chancellor's Office or other state/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.