

LOS ANGELES PIERCE COLLEGE AAC VERIFICATION OF DISABILITY FORM

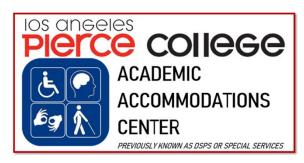
Student Name:	Student ID#:						
In accordance with the Federal Family Educational Rights & Privacy Act (FFERPA) of 1974, or other laws, regulations, or policies, I hereby request verification of my disability on this form. ALL INFORMATION WILL BE KEPT CONFIDENTIAL							
Date of Birth:	Student Signature:						
THIS SECTION IS	TO BE COMPLETED BY A LICENSED PROFESSIONAL						
PRINT Professional's Name:							
License #:							
Professional's Address:							
Professional's Phone #:							
DSM-5-TR Diagnosis :							
Educational Limitations Related to Diagnosis:							
Duration of Disability: Check	COne Box ONLY						
•	o Scheduled Updates for Diagnosis) ys or longer) Indicate the time frame:						
Professional's Signature:	Date:						

PLEASE RETURN THIS FORM TO: LA PIERCE COLLEGE ACADEMIC ACCOMMODATIONS CENTER

EMAIL: AAC@PIERCECOLLEGE.EDU

ADDRESS: 6201 WINNTEKA AVE. WINNETKA, CA. 91371

PHONE: (818) 719-6430



LOS ANGELES PIERCE COLLEGE AAC VERIFICATION OF DISABILITY FORM

Student Name:			Student ID#:			
I.		Federal Family Educational or policies, I hereby request ALL INFORMATION WILL BE	verification of my	disabi		
Do	ate of Birth:	Student Sig	gnature:			
	THIS SECTION IS T	O BE COMPLETED BY A	LICENSED MEI	DICAL	. PROFESSIONAL	
1.	Disability: Please che Aphasia Amputee Arthritis Blind Cardiac Disease Cerebral	eck all boxes that apply: Deaf Intellectual Disability Diabetes Epilepsy Hard of Hearing	 Hemophili Multiple Sclerosis Neurologio Damage Other Paraplegio 	cal	 Quadriplegic Seizures Thyroid Disease Visually Impaired 	
2.	Palsy					
3.	Basis of Disability Cla	y Classification: Check One Box ONLY ON □ BY DOCUMENTATION				
	□ Ambulate□ Hear□ Speak□ See□ Sit for Long Time	Use of Arm Use of Arm Comprehe Reading Understand	s/Hands end d Math		Retain Facts Other	
5.		nsed Professional:		Lice	ense #:	
	Phone #:	al's Signature:	Email:		Date:	