

Certification of Disability

Date: _____

Student Name: _____

Student ID#: _____

Date of Birth: _____

This is to certify that the student identified above has:

☐ a history of being served for:

Based on review of existing documentation from:

☐ Educational Records

☐ SSI documents including diagnosis _____

☐ IEP

☐ Other disability agency services/documents (please specify):

☐ Department of Rehabilitation

☐ Department of Veterans Affairs Benefit Letter

☐ Regional Center

☐ Other: _____

☐ An observable disability in combination with student report of:

The student has requested to receive DRC services to assist in the pursuit of his/her education. It has been determined that the student is eligible for DRC services as specified on the Academic Accommodation Plan.

DRC Certificated Staff

Date

DRC Certificated Staff Printed Name