CONFIDENTIAL

LOS ANGELES TRADE-TECH LATTC A Community College

Disabled Student Program & Services

400 W. Washington Blvd., Los Angeles CA 90015
T: (213) 763-3773 F: (213) 763-5391

Disability Verification

The student named below may be eligible for special services at this college. In order to provide services we must have a verification of disability/diagnosis. The information you provide will be used for the sole purpose of determining eligibility for and authorization of accommodations at Los Angeles Trade Technical College

THIS SECTION TO BE COMPLETED BY STUDENT

Name (Print Last Name, First Name) _____ Student ID or SSN _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

I hereby authorize my health provider to release the information requested below.

Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY THE LICENSED PROFESSIONAL

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

1. Diagnosis: _____

   If applicable, DSM IV Code and Severity: _____

2. Duration of Condition
   - ☐ Permanent/Chronic
   - ☐ If temporary, give estimated duration: _____

3. Condition is:
   - ☐ Stable
   - ☐ Prone to exacerbations
   - ☐ Observable
   - ☐ Non-observable

4. Prescribed Medication(s), Dosage & Side Effects:

   _____

   _____

5. Please describe how this/these condition/s substantially limits major life activities:

   _____

   _____

   _____

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Signature of Verifying Licensed Professional _____ Title/ & License # _____ Date _____

Print Name _____

Address _____

Phone _____ Fax _____