MSJC | Mt. San Jacinto College

Disabled Students Programs and Services

DISABILITY VERIFICATION FORM

PLEASE RETURN TO DSPS
951-465-7969

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 Mt. San Jacinto Community College.

Name: _____ Date of Birth: _____

Phone Number: _____ Student ID#: _____

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

Diagnosis: _____

If applicable, DSM Code and severity: _____

Duration of condition

☐ Permanente/Chronic ☐ Temporary, End Date (Required): _____

Conditions

☐ Mild ☐ Moderate ☐ Severe

Prescribed medication(s) dosage and side effects: _____

_____

Functional limitations of conditions and/or medication (e.g. the ways in which the diagnosis and/or side effects of medications affect the student.) **Please check**:

☐ Speaking ☐ Hearing Loss ☐ Processing Oral Material
☐ Limited Ambulation ☐ Taking Class Notes ☐ Processing Visual Material
☐ Visual Acuity ☐ Poor Concentration ☐ Slow Processing of Information
☐ Other: _____

DSPS professional staff, with consultation by the DSPS Director, may, through **personal observation**, verify the existence of an **observable disability**: _____

DSPS Staff Signature: _____ Date: _____

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 student request.

Signature: _____ _____ _____
Verifying Licensed Professional | Title/License # | Date

Name (Print): _____

Address: _____

Phone: _____ Fax: _____

Revised 05/2026