



DISABILITY VERIFICATION FORM

The student named below may be eligible for academic accommodations provided through the Bob Murphy Access Center (BMAC) at California State University Long Beach (CSULB). In order to provide services, BMAC must have verification of disability on file with the Support Services office. Please be assured that the information provided by you will remain confidential and will not be released to third parties unless instructed to do so by the student.

Please Note: Student medical records supplied to this office constitute “educational records” under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

A person with a disability is defined by the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as “anyone with a physical or mental impairment that substantially impairs or restricts one or more major life activities, such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.”

PART 1: STUDENT INFORMATION

(To be completed by the student)

Name:	Birth date:
Student ID Number:	Phone:
Other Names Used:	Email Address:
Address:	State:
City:	Zip Code:

IMPORTANT NOTICE

Once the student has signed the form, the form fields in part 1 will be locked and can not be edited. Please make sure the information provided is correct before signing.

I authorize the release of the information requested on this Disability Verification Form to the Bob Murphy Access Center at California State University Long Beach.

Student Signature

Date

**REMAINDER OF FORM TO BE COMPLETED BY PRACTITIONER
(Feel free to attach additional information, documentation or reports.)**

PART 2: DIAGNOSTIC INFORMATION

(To be completed by the practitioner - Please check all that apply)

This disability is:

Temporary (last 6 months or less)

Permanent

End Date:

Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Hyperactive

Inattentive

Combined Type

Learning Disability:

Reading

Mathematics

Writing

Dyslexia

Visual Limitation

Autism Spectrum Disorder

Acquired Brain Injury/Traumatic Brain Injury

Asperger's Syndrome

Communicative Disability

Seizure Disorder

Deaf or Hard of Hearing

Chronic Health Condition

Other:

Mobility Limitation – Utilize:

Wheelchair

Scooter

Walking Aid

Psychological/Psychiatric:

Anxiety Disorder

OCD - Obsessive Compulsive Disorder

Bipolar Disorder

Schizo-affective Disorder

Clinical Depression

Schizophrenia

Eating Disorder

Other:

Panic Disorder

PTSD - Post Traumatic Stress Disorder

Primary Diagnosis:

Secondary Diagnosis:

FUNCTIONAL LIMITATIONS

(To be completed by the practitioner - Please check all that apply)

Please check the following activities which are significantly limited by the above stated disability(ies) and/or side effects of medication. Indicate the level of severity as mild, moderate or severe for the identified disability(ies).

1 = Mild

2 = Moderate

3 = Severe

Psychological:

Affect

Coping with Stress

Awareness

Communication:

Receptive Language

Expressive Language

Interacting with Others

Sensory:

Hearing

Visual

Other:

Breathing

Alertness

Stamina

Learning:

Attention

Writing

Concentration Information

Reading

Processing Memory

Math Reasoning

Mobility:

Ambulation

Range of Motion

Lifting

Reaching

Coordination

Balance

Standing

Fine Motor

Sitting

Stooping

MEDICATIONS

(To be completed by the practitioner - Please check all that apply)

Name

Dosage

Side Effects

ADDITIONAL COMMENTS
(Attach additional documentation if needed)

Name of Certifying Professional:

License Number:

Position Title:

Organization:

Address:

State:

City:

Zip Code:

IMPORTANT NOTICE

Once the practitioner has signed the form, the form fields in part 2 will be locked and can not be edited. Please make sure the information provided is correct before signing.

Professional's Signature

Date

Please submit completed form to:

Bob Murphy Access Center
California State University Long Beach
SSSC-110
1250 Bellflower Boulevard
Long Beach CA 90840

OR

via email at
bmac@csulb.edu

OR

via fax at
(562) 985-7183