

A Campus of The California State University Disability Services Office Laboratory Building 110 *ph: (707)654-1283 *fax: (707)654-1159

Verification of Diagnosis

The student named below may be eligible for services at Cal Maritime. The provision of appropriate services is contingent upon receipt of this completed information. Cal Maritime must have verification of a disability and of the resulting functional limitations.

Information in this form is will be confidential and used strictly for the educational benefit of the student. This information will only be released with express written consent of the student.

Student Name:	Date of Birth:
1. Diagnosis(es) description:	
Date of Diagnosis:	
2. Describe functional limitations and severity of impact in educational setting:	
3. Describe any side effects or functional limitations resulting from treatments or medications:	
4. Above diagnosis is: permanent/chronic temporary until Month/Day/Year	
Certifying Professional: Diagnoses must be within the professional expertise of certifying professional	
Name (typed or printed)	Signature
Title	License #
Address City	State Zip Code
Phone Number Fax Number Da	te
FOR OFFICE USE ONLY: DSO DIRECTOR Signature: Date: Approved: Not Approved: Completed:	