CLOUD COUNTY COMMUNITY COLLEGE

Concordia Campus
P.O. Box 1002
2221 Campus Drive
Concordia, KS 66901
785.243.1435
Fax: 785.243.1043

Geary County Campus
631 Caroline Avenue
Junction City, KS 66441
785.238.8010
Fax: 785.238.2898

Online & Outreach
1.800.729.5101
www.cloud.edu

Disability Verification Form

The Accessibility Services office at Cloud County Community College provides accommodations to students with disabilities. To determine eligibility for services, this office requires documentation of the condition from a licensed professional verifying the student has one or more functional limitations in the academic environment along with their recommended accommodations. The student below may be eligible.

To Be Completed By Student:

Last Name: _____ First Name: _____ Student ID: _____

Phone: _____ Email: _____

I authorize the release of the information requested below to the Accessibility Services office.

Student's Signature: _____ Date: _____

To Be Completed By A Licensed Professional:

Diagnosis of the disability: _____

_____

Disability is (circle one): Permanent Temporary Expected duration (if temporary): _____

Date of Diagnosis: _____ Date of last contact with student: _____

Provide relevant background information (symptoms/behaviors) related to the student's diagnosis: _____

_____

_____

Methods used to identify the specific disability: _____

_____

Recommended accommodation(s) and duration of accommodation(s): _____

_____

_____

Explanation of how the recommended accommodation will benefit the student: _____

_____

_____

I certify that the above referenced patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the ADA Amendments Act of 2008 (ADAAA). In addition, I have the necessary professional qualifications to document the disability. The information provided on this form is accurate to the best of my knowledge.

Printed Name of Professional: _____

Signature or Professional: _____ Date: _____

Address: _____

Office Phone: _____

Return this completed form and any verifying documents to:

Cloud County Community College
Accessibility Services
Director of Student Accessibility and Mental Health Services
2221 Campus Drive
PO Box 1002
Concordia, KS 66901
Fax: 785.243.9390