

5055 Santa Teresa Boulevard, Gilroy, CA 95020 www.gavilan.edu (408) 848-4800
Dr. Kathleen A. Rose, Superintendent/President

**DISABILITY RESOURCE CENTER (DRC)
VERIFICATION OF DISABILITY**

Please mail completed form to DRC at Gavilan College or fax to (408) 846-4914. Thank you.

To: _____

From: DRC Counselor

Date: _____

Verification of disability for: _____

Student Name	Gav ID	DOB
Signature of student for release of information		DATE

This letter is to inform you that the above named student has requested special classes and/or services from the DRC department. In order to provide services, we are required by Title 5, Section 56019, to verify the student's disability, the degree and progressional factor, and any limiting effects, which may inhibit the educational process. All information is confidential.

A. Diagnosis / Disability: _____

B. Description of the degree of disability (i.e. mild, moderate, severe) and progressional factor (i.e. improving; stable; declining): _____

C. Limiting effects that may inhibit the educational process: _____

Professional's Name	Professional's Signature	Date
Address	Occupation	

