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Purpose

Disability Support Services (DSS) provides reasonable accommodations and/or auxiliary aids to students with disabilities to ensure equal access in the college environment. DSS has the right to request documentation verifying a disability and supporting the need for these accommodations and/or auxiliary aids. This form assists health or medical care providers in GRFXPHQWLQJDVWXGHQW¶VUHOHYDQWGLVDELOLW\LQIRUPDW reasonable accommodations.

Please include any documents which provide related information to support the accommodation request. While this form may serve as a component of supporting documentation, DSS has the right to request additional documentation if needed to support a requested accommodation.

The person completing this form should be a health or medical care professional who is:

- x qXDOLILHG WR DVVHVV DQG RU GLDJQRVH WKH VWXGHQW¶V
- x iV D SDUW RI WKH VWXGHQW¶V WUHDWPHQW SODQ IRU D SUF
- x is not a family member or close relative

Completed forms may be submitted to DSS in the following ways:

x Email: FRCC.DSS@frontrange.edu

-5150 (Attn: Nicole Martinez).

For questions, please contact us at (303) 404-5533.

Student Information Name:	Student ID #:
Date of Birth:	
Health/Medical Provider Information	ា BBBBBBBBBB <u>BBBBBBB</u> BBBBBB
Facility/Practice Name:	
Phone:	Email:
Address:	
Provider Credentials:	License Number:
How long have you been seeing this student?	

Disability Support Services (DSS) Disability Verification Form



Student Health or Disability Information

Please answer the following questions with as much detail as possible. If you need more space, please attach a separate document.

	Description of disability and/or diagnoses:						
Is this condition temporary? Yes No If yes, expected duration:	Is this condition temporary?	Vas	No	If was expected duration:			