



STUDENT DISABILITY VERIFICATION (DX)

Accessibility Resource Center (ARC)

To Be Completed By The Student Requesting Documentation

Full Name:

Date of Birth:

Main Phone Number:

Email (optional):

The student indicated above attends Seattle Central College and is requesting academic accommodation/services through the Accessibility Resource Center. To ensure the provision of reasonable and appropriate services for students with a specific disability, Seattle Central College requests documentation of disability and information which: defines diagnoses, describes difficulties and functional limitations in an educational setting, and indicates the severity and longevity of the condition.

To Be Completed By Qualified Health Care Professional

Diagnosis:

Level of Severity:

Date of Diagnosis:

Date of Last Contact with Student:

In addition to the diagnosis, please provide any other information you feel relevant in assisting in providing academic accommodation for this student.

Have you any suggestions regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level?

Provider's Data

Print Name and Title:

Signature:

Date:

Phone:

Address:

Accessibility Resource Center ARC

Please return this form to the ARC office at:

Accessibility Resource Center
Seattle Central College
1701 Broadway, BE 1103
Seattle, WA 98122

Or

Secure Fax: 206-934-3236

For more information, please contact us at:

Department Email: ARC.Central@seattlecolleges.edu

Main Phone: 206:934-4183