



Verification of Disability
Disability Services

This student is requesting disability accommodation from Rogue Community College. Eligibility determination for services is based on verification of disability which indicates functional limitation in an academic setting.

FERPA - An educational institution shall obtain a signed and dated written consent from the student before it discloses personally identifiable information from the student's educational records.

Student Name: ID #

DOB: SSN # (VA Requests Only):

Signature: Date:

By signing this form, I authorize the following record holder to disclose the following specific confidential information about me:

Diagnosis/Diagnoses: Axis/ICD 9 Codes: (Optional)
I
II
III

Functional impacts in an academic setting:

Possible effects or side effect of prescribed medication:

Additional relevant information:

Certifying Professional:
Printed Name: Title:
License/Certification #: Phone:
Signature: Date:

Please submit to: RCC • Disability Services • Fax: 541-471-3550 • e-mail: achildress@rogucecc.edu