RCC
Rogue Community College

Verification of Disability

Access and Disability Resources

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: _____

Signature: _____ Date: _____

By signing this form, I authorize the following record holder to disclose the disability documentation about me: _____
_____

Student Records – Information to be released:

Disability Documentation: _____

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 • Access Office • e-mail: accessoffice@rogucc.edu