



ACCESSIBLE EDUCATION CENTER (AEC)
VERIFICATION OF DISABILITY

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

To: _____

From: AEC 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 AEC 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