



Office of Student Accommodations Certification Form

Section A: To be completed by Student

Student Name: _____ **Student ID:** _____
Last First (MI)

Address _____ **Phone** _____

IMPORTANT: The Americans with Disabilities Amendment Act defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Thorough completion of this form is necessary for Disability Services to determine eligibility for accommodations. Insufficient information may result in ineligibility. *Complete one documentation form for each diagnosis or condition.* Please note the following information:

- Family Educational Rights and Privacy Act (FERPA). Under the privacy protections and access provisions of FERPA, the student has the right to inspect his or her own education records if requested.
- A learning disability diagnosis must be accompanied by a current, appropriate psycho-educational evaluation, including the diagnostic test scores.
- Visual or hearing loss documentation must include an acuity and/or audiology report that addresses the current impact of the disability, as well as information about the specific assistive technology used by the student.

Consent to be signed by student.

Name of Student: _____ Date of Birth: _____	
I, _____, authorize a release of information, allowing the Office of Student Accommodations at Reynolds Community College to contact the diagnosing professional completing this form to obtain additional information or clarification in order to determine reasonable accommodations.	
_____ Signature	_____ Date

Sections B-F to be completed by diagnosing professional:

Section D:

