



DISABILITY VERIFICATION FOR CONTRACT RELEASE/EXEMPTION

Section I to be completed by student | Section II to be completed by physician or other certified/licensed professional.

SECTION I- To be completed by student

First Name: _____ Last Name: _____

ID Number: _____ Date of Birth: _____

I authorize the release of the information requested on this Disability Verification Form to Student Disability Services at San Diego State University.

Student Signature: _____ Date: _____

SECTION II- To be completed by physician or other certified/licensed professional

A. Diagnosis: _____

DSM or ICD Code(s): _____

This disability is: Permanent Temporary (specify ending date): _____

B. List the type(s) of housing accommodations that would address the student's disability-related needs:

*E.g. single room, kitchen, etc. **Must include an explanation of how accommodations would address the student's needs.***

C. Explain why on-campus housing accommodations are not able to meet the student's needs:

Please avoid vague statements when assisting students with their contract release requests. Providing detailed examples related to the disability and the student's need(s) will be most helpful, as a contract release is not an accommodation.

D. Additional Comments (optional):

Name of Professional: _____ Title/Specialty: _____

(please print)

Certification or License #: _____ Email: _____

Address: _____ Phone: _____

I verify that the above information is complete and accurate to the best of my knowledge.

Signature of Professional: _____ Date: _____