



VERIFICATION OF ELIGIBILITY

Accessibility Coordination Center & Educational Support Services

I am requesting ACCESS services based on the following disability(ies). I understand that no services are required to be provided until appropriate verification is obtained. At the discretion of ACCESS, services may be provisionally provided for one semester.

Students: ✓ any that apply	Disability(ies)	For Office Use Only				
			Primary	Secondary	Under Assessment	Verified by:
	Acquired Brain Injury	B				
	Dev. Delayed Learner	D				
	Hearing Impaired	H				
	Learning	L				
	Mobility	M				
	Other Health Impaired	O				
	ADD/ADHD	O				
	Psychological	P				
	Speech/Language	S				
	Vision	V				
	I will need assistance in the event of an emergency evacuation					

I affirm that this information is true to the best of my knowledge.

Student Signature: _____ Date: _____

This student may use ACCESS services this semester while official verification is in progress

ACCESS Specialist Signature _____ Date _____

Verification and Eligibility has been made through:

- Review by ACCESS specialist and coordinator
- Assessment by ACCESS specialist (see file for report)
- Review of documentation provided by appropriate agencies or certified or licensed professionals

Based on documentation of the disability(ies) listed above, in my professional judgment, I, the undersigned ACCESS specialist, verify that this student is eligible to receive educational services and/or accommodations as outlined on the "ACCESS Authorized Accommodations" form.

ACCESS Specialist Signature _____ Date _____

ACCESS Coordinator Authorization _____ Date _____