



5055 Santa Teresa Blvd., Gilroy, CA 95020

www.gavilan.edu

(408) 848-4800

Dr. Kathleen A. Rose, Superintendent/President

**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
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Signature of Student for Release of Information	DATE
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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 _____

Address _____

Occupation _____



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