



## ACCESSIBILITY SERVICES

### CALIFORNIA STATE UNIVERSITY EAST BAY

Hayward: 510-885-3868 | Concord: 925-602-6716 | Online: [www.csueastbay.edu/as](http://www.csueastbay.edu/as)

Fax: 510-885-4775 | Fax: 925-602-6362 | 25800 Carlos Bee Blvd, LI 2400, Hayward, CA 94542

## DISABILITY INFORMATION FORM

The student below has expressed interest in receiving academic accommodations at California State University, East Bay.

In order to assist in determining appropriate academic accommodations, it is helpful for Accessibility Services to have the following information regarding the student's diagnosis and the resulting functional limitations.

Information on this form will be used in confidence for the educational benefit of the student. This information will be released to other parties only with the express written request of the student.

FIRST NAME

MI

LAST NAME

NET ID

DATE OF BIRTH

PHONE NUMBER

1. Description and date of diagnosis | diagnoses:

2. Please describe the functional limitations and severity of impact on the student in an educational setting:

*Please note that accommodations will be determined based on specific functional limitations.*

3. Please describe any side effects and functional limitations resulting from treatments or medications:

4. The above-documented diagnosis is | diagnoses are: Permanent | Chronic Temporary Until

MM | DD | YR

### CERTIFYING PROFESSIONAL

Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

NAME (TYPED OR PRINTED)

SIGNATURE

TITLE

LICENSE #

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

DATE

### FOR OFFICE USE ONLY

NAME

NET ID

PHONE NUMBER