

SDSU Disability Services

Verification of Disability Form for Non-Animal Purposes

The individual identified below has or will be requesting accommodations at

Thank you for responding to our inquiry regarding the individual named in this form.

NOTE: Recommendations related to the functional impact of a disability will be carefully considered in an effort to understand the **correlation** between the disability and the individual's ability to determine whether recommendations are reasonable in a post-secondary educational environment and consistent with the Americans with Disabilities Act, the Americans with Disabilities Amendment Act