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Documentation of Physical Impairment Verification Form

As the diagnosing professional, please fully complete all sections of this form. Additional reports, information, or narrative can be attached if appropriate.

Please note: All information that you provide may be shared with this student unless clearly marked otherwise.

Thank you for your assistance.

I, _____, hereby authorize the release of the following information to
Ability Access Services at Guilford Technical Community College for the purpose of

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed