

## SOUTH CAROLINA COMMISSION ON HIGHER EDUCATION STUDENTS WITH DISABILITIES TUITION TAX CREDIT VERIFICATION

Date:	Tax Year in which you are filing:	(January 1 - December 31)
Part I. Taxpayer Information Last Name:		M.I.:
Phone Number: ( )		
Part II. Student Information Last Name:	First Name:	M.I.:
Social Security Number: Mailing Address:		
Phone Number: ( ) South Carolina Institution of attendan		

## Part III. Disability Services Provider Verification

The Disability Services Provider at the institution of attendance must complete Part III. If the student attended more than one institution in the tax year, a Verification Form must be completed for each institution of attendance and must be verified by the Disability Services Provider at each institution of attendance.

Name:	Title:
Institution:	
Office:	

I verify that \_\_\_\_\_\_ was certified under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as a student with a disability prior to each semester of enrollment (Spring, Summer, and Fall) semesters. I have determined that this student was unable to successfully complete 30 credit hours (or credit hour equivalents) this year. As a result, \_\_\_\_\_\_ was approved to enroll in less than 30 credit hours (or credit hour equivalents) during the Spring, Summer, and Fall semesters.

Signature, Disability Services Provider

Date

## Part IV. Student / Taxpayer Verification

I hereby certify that the eligibility requirements for the Tuition Tax Credit are met in accordance with Section 2. Article 25, Chapter 6, Title 12 of the 1976 Code. I hereby certify that the above Disability Services Provider has determined that the credit hour requirement be reduced as a result of a documented and verified disability.

Student Signature (required)

Date

Date

Parent / Legal Guardian (required)

This document must be attached to the South Carolina Department of Revenue Tuition Tax Credit Form (I-319) and submitted together with the SC1040.