

**Florida Atlantic University
Student Accessibility Services
PERMISSION TO DISCUSS**

I, _____, give permission to Student Accessibility Services (SAS) to discuss accommodation related issues as follows.

1. Check the box(es) to indicate with whom you are granting SAS permission to discuss:

- A family member(s):
Name(s) _____ Relationship _____
_____ Relationship _____
- A medical professional or clinician:
Name(s) _____
- FAU Testing and Evaluation
- FAU Housing and Residential Education
- Academic Advising
- FAU High School
- Registrar's Office
- Other - _____

Signature _____ **Date** _____

Z# _____

Please note: Student has the option to revoke the 'permission to discuss' at any time by contacting their SAS Consultant.