



RELEASE OF INFORMATION FOR VERIFICATION HOUSING ACCOMMODATION

****Student will complete this page and provide it to their clinician. The clinician will complete the verification form.***

I, _____, hereby authorize the release of the following information as well as any pertinent documentation to the Student Accessibility Services at Florida Atlantic University for the purpose of determining my eligibility for accommodations.

Student's Signature _____

Phone: _____

Student's Z# _____

Date of Birth: _____

Check the applicable box below to determine how SAS will receive the verification form:

- Please return the completed verification form to client/student.
- Please return the completed verification form to the Student Accessibility Services office:
 - Florida Atlantic University- Boca Campus
Student Accessibility Services
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880 fax: 561.297.2184
 - Florida Atlantic University- Jupiter Campus
Student Accessibility Services
5353 Parkside Drive, SR 111F
Jupiter, FL 33458
tel: 561.799.8585 fax: 561.799.8819



STUDENT ACCESSIBILITY SERVICES DOCUMENTATION FOR A HOUSING ACCOMMODATION

This form should be completed **ONLY** by the clinician.

Important: Please note, changing an existing document after it has been signed, faking a signature, or making a false document are all considered to be a forgery.

CLINICIAN NAME (PRINTED): _____

SIGNATURE OF CLINICIAN: _____

CREDENTIALS: _____ SPECIALTY: _____

LICENSE/CERT. #: _____ STATE _____

DATE: _____

My signature verifies that I am or have been this student's treating health care professional and that all the contents below are true and accurate.

Student Name: _____

1. Do you have a professional relationship with the patient/client involving the provision of health care or disability-related services? YES____ NO____

2. Confirmation of a disability (a physical or mental impairment that substantially limits one or more major life activities): YES____ NO____

3. Specific housing accommodation needed by student:

4. Explain the relationship between the student's disability and the need for the requested accommodation. *What is the specific disability-related barrier and how will this accommodation remove the barrier?*

5. Is there an alternative if the recommended housing accommodation is not available? If so, please indicate.

6. Is there any other information you would like to provide regarding this student or the accommodation being requested?
