RELEASE OF INFORMATION
FOR VERIFICATION OF MEDICAL OR PHYSICAL IMPAIRMENTS

The student completes the following:

I, _____, herby 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 academic accommodations.

Student's Signature _____ Phone: _____

Student's Z# _____ Date of Birth: _____

☐ Please return paperwork to client/student.

☐ Please return the completed information to the campus checked below:

☐ Florida Atlantic University
Student Accessibility Services
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880 fax: 561.297.2184

☐ Florida Atlantic University
Student Accessibility Services
3200 College Avenue, LA 131
Davie, FL 33314
tel: 954.236.1222 fax: 954.236.1123

☐ Florida Atlantic University
Student Accessibility Services
5353 Parkside Drive, SR 111F
Jupiter, FL 33458
tel: 561.799.8585 fax: 561.799.8819

VERIFICATION OF MEDICAL OR PHYSICAL IMPAIRMENTS
(To be completed by a medical doctor or other licensed medical provider)

Patient's Name: _____

1. Diagnosis(es): _____
2. Prognosis: Permanent ☐ Temporary ☐ How long? _____
3. Does the disability limit mobility? Yes ____ No ____
4. Is the student on any medication that may affect attention, concentration or any other facet of learning?

   Yes ____ No ____

   Medication: _____ Indication/Usage: _____

   Medication: _____ Indication/Usage: _____

   Side Effects: _____
5. Describe in detail the student's functional limitations associated with this diagnosis. How might this disability impact the student academically?

   _____

   _____

   _____

   _____
6. Are there any specific academic accommodations you would recommend for this student?

   _____

   _____

   _____

Please attach any additional documentation which you feel may help us determine the most appropriate assistance for this student.

CLINICAN'S NAME (Printed) _____

CLINICIAN'S SIGNATURE_____ DATE_____

CREDENTIALS_____

LICENSE/CERT. # _____ STATE_____

Please attach your business card (if available)