**RELEASE OF INFORMATION**
**FOR VERIFICATION OF PSYCHOLOGICAL DISORDERS**

The student completes the following:

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 of 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 PSYCHOLOGICAL DISORDERS

**Patient/Student's Name:** _____

1. Diagnosis(es): _____
   _____
2. DSM Code(s): _____
   a. Level of Severity: _____
   b. Date of Initial Diagnosis: _____
3. Prognosis: Permanent ☐ Temporary ☐ How long? _____
4. Describe in detail the student's functional limitations associated with this diagnosis. How might this disability impact the student academically?

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

   _____
   _____
6. Is the student on any medication that may affect attention, concentration, or any other facet of learning or living environment? Yes ◯ No ◯
   Medication(s): _____
   Side Effects: _____

**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).***