

Center for Disability Access and Resources
667 Ardelia Court
Tallahassee, FL 32307-4900

Florida A & M University
Telephone/TTY: 850-599-3180/
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PSYCHOLOGICAL DISABILITY VERIFICATION

The student named below may be eligible for accommodations at Florida A & M University. In order to determine appropriate academic accommodations, Florida A & M University must have verification of a disability and of the resulting functional limitations.

Information on this form will be used in confidence for the educational benefit of the student. This information will be released to other parties only with the express written request of the student.

First Name	Middle Initial	Last Name	Date of Birth
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1.) DSM-IV-TR Multi-Axial Diagnosis(es)

Axis I: _____
Code Date of Dx

Axis II: _____
Code Date of Dx

Axis III: Other Medical Conditions: _____

Axis IV: Psycho-social & Environmental Stressors: _____

Axis V: _____ / _____
Current Global Assessment of Functioning Highest Global Assessment of Functioning

2.) Describe the functional limitations and the severity of impact on the student in an educational setting:

Please note that accommodations will be determined based on documented, specific functional limitations.

3.) Describe any side effects and functional limitations resulting from treatments or medications:

<u>Certifying Professional:</u>			
<i>Diagnoses must be within the professional expertise and scope of practice of the certifying professional.</i>			
_____		_____	
Name (typed or printed)		Signature	
_____		_____	
Title		License #	
_____		_____	
Address	City	State	Zip Code
Phone Number: _____		Fax Number: _____	
		Date: _____	