The student named below may be eligible for accommodations at Florida A&M University. In order to provide services we must have verification of the disability. It is understood that information on this form is provided with a written release from the below named student (see attached page) and will be used in confidence for the educational benefit of the student.

First Name  Middle Initial  Last Name

1. Description of disability (ies) and date of diagnosis (es):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. Description/Severity of functional limitations (i.e. limited ambulation, visual acuity, degree of hearing loss, etc.). Please be specific and attach documentation and/or additional pages):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. Prescribed medications and dosage:

____________________________________________________________________________
4. The above mentioned disability (ies) is/are:

__________ permanent/chronic

__________ temporary, until what date ________________

5. What assistance or accommodations would help this student in an academic setting (these should correlate with the disability and are suggestions):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. This disability is: _________ observable ___________ not observable

7. The information contained in this verification:

__________ may be released to the student ______________ may not be released to the student

CERTIFYING PROFESSIONAL

Name (Print) __________________________ Signature __________________________

Title __________________________ License # __________________________

Address __________________________ City __________________________ State________________________ Zip Code ______________

Phone __________________________ Date __________________________