

Center for Disability Access and Resources
640 Gamble St.
Tallahassee, FL 32307-4900

Florida A&M University
Telephone/TDD: 850-599-319=80
Fax: 850-561-2513

DISABILITY VERIFICATION FORM

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
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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