

**Center for Disability Access and Resources**  
1735 Wahnish Way  
CASS, Suite 102  
Tallahassee, FL 32307-4900

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

<b>DISABILITY VERIFICATION FORM</b>
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*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.*

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First Name	Middle Initial	Last Name
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**1. Description of disability (ies) and date of diagnosis (es):**

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**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):**

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**3. Prescribed medications and dosage:**

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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):

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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

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Name (Print)

Signature

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Title

License #

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Address

City

State

Zip Code

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Phone

Date