BROWARD COLLEGE | ACCESSIBILITY RESOURCES

A. Hugh Adams Central Campus
3501 S.W. Davie Road, Davie, FL 33314
Phone 954-201-6527 | Fax 954-201-6446

MENTAL HEALTH VERIFICATION FORM

Student Name and ID#: _____

Date of Birth: _____ Phone: _____ BC email: _____

The following information is to be completed by a qualified health professional and either returned directly to Accessibility Resources or the student. This information will be used to assist Broward College in determining appropriate accommodations.

Specific Diagnosis	
Diagnostic Code	
Circle One	Mild Moderate Severe
Circle One	Acute Chronic
Date of Diagnosis	
How long has the student been your patient?	

Please attach any information that will assist Broward College with determining appropriate accommodations for this student, such as case notes, direct observations, psychological evaluations, or other test results.

_____ _____
Signature Date

_____
Print Name, Title, License Number

_____
Address and Phone Number