

PROFESSIONAL VERIFICATION OF DISABILITY

The completed form, professional's diagnosis and supporting documentation with specific accommodation needs should then be sent directly from his/her office to:

Disability Services
Multnomah University
8435 NE Glisan
Portland, OR 97220

Student's Information

Last Name	First	Middle	ID#
Address		City	State Zip
Phone (Day) _____		(Evening) _____	

Professional Certification

Name and Title of Certifying Professional	Phone			
Place of Employment	Professional Capacity			
Address		City	State	Zip
Licensure/certification				

Student/Parent or Guardian Signature

I hereby release and hold harmless the above person to provide professional opinions and/or documentation to verify the validity of this request.

Parent/Guardian Signature (If student is financially dependent)	Date _____
Student Signature	Date _____