

PROFESSIONAL VERIFICATION OF DISABILITY

Please return this completed form along with the professional's diagnosis, limitations of the student's functionality, and specific accommodation recommendations to:

Student Success Office
Attn: ADA Officer
Multnomah University
8435 NE Glisan St. Phone: 503.251.5301
Portland, OR 97220 Fax: 503.251.5367

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 _____