BROWARD COLLEGE | ACCESSIBILITY RESOURCES

North Campus
1000 Coconut Creek Blvd., Coconut Creek, FL 33066
Phone 954-201-2313 | Fax 954-201-2489

Mental Health Verification Form

Student Name and ID Number: _____

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