



Disability Support Services

2800 University Blvd. N.
Jacksonville, FL 32211
Phone: (904) 256-7067 -- Fax: (904) 256-7066

Guidelines and Release Form

Welcome to the office of Disability Support Services (DSS) at Jacksonville University (JU). To be eligible for services at the DSS, a student must satisfy the definition of a disability as established by the Americans with Disabilities Act of 1973. **Section 504 defines a disability as a condition which substantially limits one or more major life activities such as learning, walking, seeing, hearing, breathing, caring for oneself, and working.** *To be eligible for accommodations, a student must provide appropriate documentation of each disability that demonstrates an accompanying substantial limitation to one or more major life activities.*

The following guidelines are provided in the interest of assuring that professionals' statement is appropriate to document eligibility for support services. The student with a disability must provide the office of DSS appropriate written documentation from a licensed professional in the field concerning the specific diagnosis and expected academic limitations.

The documentation must be within the last 3 years. However, the DSS reserves the right to make modifications to this time frame.

I, Print Name , hereby authorize the following information as well as any other pertinent documentation to be forwarded to the office of Disability Support Services at Jacksonville University for the purpose of determining my eligibility for academic accommodations.

Student's Signature:	Date:
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Note: we request our forms to be typed or handwritten in print form, to ensure legibility.

Documentation Guidelines for Medical or Physical Conditions

1. **Diagnosis/Impairment:**

2. **Diagnostic Code (if applicable):**

3. **Date of Diagnosis:**

4. **Duration of disability/impairment:**

_____ Permanent
_____ Temporary: Expected date of recovery: _____ Month/Year: _____

5. **Describe how this medical condition may result in specific functional limitations in an academic setting (e.g., problems sitting for long periods of time, unable to type for more than 10 minutes, or unable to walk more than 50 feet without fatigue)?**



6. If the individual is currently undergoing treatment or taking medication, please describe how it may affect his/her academic performance.

7. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

8. Please check below the major college life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation.

Life Activity	Negligible	Moderate	Substantial
Walking			
Breathing			
Seeing			
Hearing			
Speaking			
Sitting			
Standing			
Eating			
Sleeping			
Performing Manual Tasks			
Learning			
Thinking			
Concentrating			
Memory			
Reading			
Writing			
Attending Class			
Meeting Deadlines			
Interacting with Others			
Other:			



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9. Please indicate your recommendations regarding academic accommodations and accompanying justifications for the student (e.g., note-takers, extended time for tests, etc.).

*Tests of cognition, information processing and academic achievement, which may not have been part of the diagnostic process itself, maybe needed by DSS to determine appropriate academic accommodations and services for a student with mobility impairment or other impairment due to a medical condition.

Professional Credentials:

Student's Name:	
Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number:	
Contact Information:	

Thank you for your prompt response to this request. Please return this information to:

Olga L. Florez, M.Ed., M.P.A
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 Division of Student Affairs
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