



## 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.

<b>Student's Signature:</b>	<b>Date:</b>
<b>Student Id#:</b>	



**Note: we request our forms to be typed or handwritten in script form, to ensure legibility.**

## **Hearing Impairments & Deafness Documentation Guidelines**

- Students who are have a Hearing Impairment or Deaf should provide documentation/medical diagnosis by an audiologist or other appropriate physician.
- The documentation must be in form of a medical report or physician's letter. Additionally an audiological report must be submitted.

Student 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**  
**Director, Disability Support Services**  
Davis Student Commons, 3<sup>rd</sup> floor  
Division of Student Affairs  
2800 University Blvd. N.  
Jacksonville, FL 32211  
Email: [oflorez@ju.edu](mailto:oflorez@ju.edu)  
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