Florida Atlantic University
Student Accessibility Services
PERMISSION TO DISCUSS

I, _____, give permission to Student Accessibility Services (SAS) to discuss accommodation related issues as follows.

*****COMPLETE #1 THROUGH #4***

1. Check the box(es) to indicate with whom you are granting SAS permission to discuss:

☐A family member(s)
Name(s)_____Relationship_____
_____Relationship_____

☐FAU department or staff member
Which department or staff member?_____

☐A medical professional or clinician – Name(s)_____

☐Other – Name(s)_____Relationship_____

2. Check the box(es) to indicate the way(s) you are authorizing SAS to discuss your accommodations with these individuals:

☐In person

☐Phone

☐Email – Email address_____

3. Signature_____
Date_____ **Z#**_____
Phone_____ **Email**_____

4. Permission expires _____ (expires in 1 year if no date given)