

Address and Phone Number

ADHD Verification Form

Student Name and I	D Number: _			
Date of Birth: Phone:		none:	BC Email:	
_	ces or the st		alified health professional and e on will be used to assist Browar	-
Type of ADHD				
Diagnostic Code				
Circle One:	Mild	Moderate	Severe	
Date of Diagnosis				
How long has the st	udent been y	your patient?		
•			I College with determining appr hological evaluations, or other	ropriate accommodations for this test results.
Signature				Date
Print Name, Title, Lie	cense Numb	er		