



HOUSING ACCOMMODATION REQUEST FORM

The following information is required before any disability-related housing accommodation request can be processed.

To be completed by the student:

A. Student name (please print) _____

B. Accommodation requested: _____

C. State the condition/diagnosis requiring the above need: _____

D. How long have you had this condition? _____

E. What medication(s) and/or treatments are you currently using to manage this condition?

F. What factor(s) improve and/or worsen this condition? _____

The Office of Student Life will review the above request. As such, I hereby authorize my physician to release pertinent information contained within my health record concerning the above request.

(Student's signature)

(Date)

To be completed by physician:

A. Disability/diagnosis: _____

B. Test/evaluations used, including dates and results: _____

C. Current treatment plan: _____

D. How long has this patient been under your care? _____

E. Please explain the medical rationale for the requested accommodation: _____

F. In your opinion, is this special housing accommodation request:

ESSENTIAL

BENEFICIAL BUT NOT ESSENTIAL

NOT ESSENTIAL

(Physician's signature)

(Physicians' name – Please print)

(Date)

(Address)

(Phone #)