



HOUSING ACCOMMODATION REQUEST FORM

The following information is required before any disability-related housing accommodation request can be processed.
To be completed by student and physician.

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 Director of Residential Life and Dean of Student Affairs will review the above request.
As such, I hereby authorize my physician to release any pertinent information contained
within my health record concerning the above request.

(Student's signature) (Date)

To be completed by physician:

A. Disability/diagnosis: _____

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

C. Current treatment plan: _____

D. Treatment plan during academic year: _____

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

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

G. **Physician, please check one.** In your opinion, is this special housing accommodation request:
 ESSENTIAL **BENEFICIAL BUT NOT ESSENTIAL** **NOT ESSENTIAL**

(Physician's signature) (Physician's name – Please print) (Date)

(Address) (Phone #) (Fax #)