



**Office of Access and Accommodations
Student Engagement & Achievement Center**

Medical/Mental Health Care Provider Completes This Form

To ensure that the Office of Access and Accommodations can make an informed decision regarding the student's requested housing accommodations, documentation is required from a licensed medical or mental health professional who has been treating the requesting student. Documentation will assist in understanding how the disability impacts the student in relation to the housing request. All documentation will be evaluated on a case-by-case basis. Please answer all questions below completely.

Name of student: _____

Student's specific diagnosis: _____

Date of diagnosis: _____

Date of initial contact with student: _____ Date of most recent contact with student: _____

Is the diagnosed condition permanent or temporary? _____

What are the student's prescribed medications to address the condition?

Please explain the severity of the condition and frequency of the student's symptoms and how they interfere with any major life activities:

List the functional limitations that the student will experience as a result of the documented disability:

How will the student manage their symptoms in other campus settings (i.e. classrooms, library, dining hall, etc.)?

Please provide specific recommendations for reasonable housing accommodations for this student and explain why they are necessary:

What are any other ways to meet the student's needs if the preferred accommodation is not available?

Other information pertinent to this request:

The medical professional completing this form may also attach a report that provides additional relevant information.

Provider Signature: _____ Date: _____

License number: _____ State: _____

Name and title: _____

Address: _____

Phone: _____ Fax: _____