VERIFICATION OF DISABILITY FOR HOUSING ACCOMMODATION

The Office of Residence Life provides accommodations to students with documented disabilities. To determine eligibility for housing accommodations, the university requires current and comprehensive documentation of disability from a qualified health professional currently treating the student.

Student Name: ____

Date Completed: _____/______/_______ Date of Birth _____/_____/________

Disability(ties) (DSM-5 or ICD10):

____

____

Date(s) of diagnose(es): ______/_____/______, ______/_____/______, ______/______/______

First contact with student _____/_____/______ Last contact with student: _____/_____/______

Please describe a detailed prognosis (short-term condition, long-term condition, life-time condition).

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What are the results of test or evaluations used for diagnosis?

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What is the current state status and treatment protocol?

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Please list and describe the major life activities/functional limitations directly affecting/connecting to your housing assignment that are significantly impacted by the disability.

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What accommodations are reasonable and necessary to allow the student to participate in the living environment on campus?

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Please review the list of accommodations below. Circle any that may apply as an alternative to the identified request.
**Note: If an alternative accommodation meets the identified need, an alternative option may be offered. Requests due solely to a preference or a potential benefit to the student are not typically approved.*
List of reasonable alternative(s):

- Housing exemption
- Single residence hall room
- Single residence hall room with an accessible bathroom
- Room near/next to bathroom
- Residence hall with an elevator or first floor access
- Additional space for medical equipment
- Air conditioning unit/temperature-controlled environment

Is there other information that you would like to share that would support this recommendation?

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*Please attach additional appropriate documentation as desired.

Provider Information

Signature: ____ Date: ____/______/______

Print Name and Title: ____

License or Certification #: ____

Office Address (street, city, state and zip code):

____

____

____

Email: ____

Office phone: (_______)-________-_____________

FAX Number: (_______)-________-_____________