VERIFICATION OF DISABILITY FOR HOUSING ACCOMMODATION

Housing and Residential Education 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.

Please Print Legibly

Student Name: ________________________________

Date Completed: _____/_____/_______  Student’s Date of Birth _____/_____/_______

1. Disability (DSM-5 or ICD-10):

2. Date of diagnosis: _____/_____/_______

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

3. What is the severity of the disability? Please check one:

   □ Mild  □ Moderate  □ Severe

   Explain Severity: __________________________________________________________

4. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

5. Please identify the measures (e.g. prescriptions, treatment, therapy, etc.) the student is using to mitigate the limitations caused by their disability. Explain how the mitigating measure(s) eliminates the substantial limitations.

   __________________________________________________________

   __________________________________________________________

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Please explain how the housing accommodation is necessary for the student to use and access university housing as compared to a person without a disability?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

__________________________________________________________________________

*Please attach additional appropriate documentation as desired.

**Provider Information**

*With student permission, Housing and Student Education - Assignment Coordinator may contact you for additional information regarding your recommendations.*

Signature: __________________________________________ Date: ___/___/____

Print Name and Title: ______________________________________________________

License or Certification #: _________________________________________________

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

Office phone: (______) - _______ - _________

FAX Number: (______) - _______ - _________

It is recommended that all requests must be made at least eight weeks prior to the start of the semester.