



Campus
Accessibility
Services

Housing Accommodation Request-Provider Form

Please complete the following form and return to Campus Accessibility Services.

To be completed by student:

Student's Name: _____ Student ID: _____

Address: _____

Email: _____ Cell Phone: _____ Other Phone: _____

_____ has requested housing accommodations for a medical, psychological, or disability related condition. In order to accurately and equitably evaluate this request, Campus Accessibility Services at Plymouth State University requires documentation from an appropriate licensed professional (not a relative of the student). This documentation must explain the nature of the condition, the functional limitations, and why the condition results in a request for housing accommodations. Please complete the form below.

To be completed by treating licensed provider:

Provider Name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

1. What is the student's diagnosis? _____

2. Date of diagnosis: _____ Last Evaluation: _____

3. How long has the student been under your care for this diagnosis? _____

4. Is the student currently receiving treatment for this diagnosis? (circle one) Yes No



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5. Describe the housing accommodations that are necessary for this student:

6. Describe the expected duration, stability, or progression of the condition:

7. Describe the current impact (or limitation imposed by) the condition as it relates to the student's need for a housing accommodation.

Provider Signature: _____ Date: _____