



# Housing Accommodation Application

New      Renewal

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I. TO BE FILLED OUT BY STUDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



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II. TO BE FILLED OUT BY THE CERTIFYING PROFESSIONAL

Name (please print or type): \_\_\_\_\_

Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License number and state of licenser: \_\_\_\_\_

Name of student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Date of initial contact with student: \_\_\_\_\_ Date of last contact with student: \_\_\_\_\_

Do you support the student's request for housing accommodations

\_\_\_\_\_ Yes \_\_\_\_\_ No

Rationale \_\_\_\_\_

Please describe any risks to the student or others of the requested accommodation:

Are there other ways to meet the student's needs that allow full participation in the residential/roommate experience? \_\_\_\_\_

Other information pertinent to this request: \_\_\_\_\_

Signature of certifying professional \_\_\_\_\_ Date \_\_\_\_\_