



Housing Accommodation Application

New Renewal

Page 1.

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 _____