



Housing Accommodation Request Form (Licensed Medical Provider)

Documentation from a licensed medical or mental health professional treating the student is required to ensure that the Equity and Inclusion Office can make an informed decision on the student's requested housing accommodations. Please answer the following questions as completely as possible. In addition to this document, please submit documentation on official letterhead listing your specialty, licensure information, the date you last saw the student, and your signature. For the purposes of this document "disability" is understood as a physical, sensory, cognitive, or psychological impairment that substantially limits one or more major life functions.

Student's Name: _____

1. Student's diagnosis related to their disability:

2. Date the condition was first diagnosed: _____

3. Please describe the severity of the diagnosed condition (e.g., Is the condition life-threatening if the request is not met?):

4. What treatment and/or medications have been prescribed to alleviate symptoms of the condition?

5. Please explain how the student's diagnosed condition substantially limits any major life activity:

6. If the student is requesting an exemption to the housing policy in order to live off-campus, please explain why the student requires off-campus living and cannot be accommodated for through campus housing.



7. What accommodations would be necessary in order for the student to have access to student housing? (Be specific.) *If requesting a single room, please indicate whether or not the student can share communal living space and/or bathrooms with others in the dormitory. If the student cannot share communal living space, please explain why not.*

8. How did you derive these recommendations: Please check all that apply:

Student's or parent's request for a specific accommodation

Clinical assessment to determine need for accommodation

Other: _____

Name of medical provider (please print): _____

Address: _____

Phone: _____ Email: _____

Signature of Medical Provider: _____

At Limestone College, we are deeply committed to the full participation of students who are differently-abled in all aspects of college life, including campus living experiences. Students attending Limestone College who seek housing accommodations must qualify in keeping with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and its amendments. Qualifications and reasonable accommodations are determined by the Equity and Inclusion Office.