



Request for Housing Accommodation

PART I: TO BE COMPLETED BY THE STUDENT

Student's Name _____

LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth _____ Cell number _____

Time period requested for housing accommodation _____ to _____
START END

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied for a housing accommodation at The University of Scranton. In order to determine the student's eligibility for necessary, reasonable, and appropriate accommodations, we ask that you provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will be kept confidential.

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
2. The medical provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as well.
3. The medical provider completing this form cannot be a relative of the student.

If you have any questions, please email non-academic-accom@scranton.edu.

1. Is this student currently under your care? Yes No
2. When did you last see this student? _____
3. What is the diagnosis/medical condition? (Please use definitive language and avoid such speculative language as "suggests" or "could have problems")

Date of diagnosis _____

4. How long is this condition likely to persist? _____
5. Describe the symptoms related to the student's conditions which substantially limit one or more major life activities.

6. If the student is currently undergoing medical treatment, please describe and indicate how this treatment might impact their living environment (e.g., medical devices, refrigeration, etc.)

7. List the student's current medication(s), dosage, frequency and the adverse side effects.

Are there any significant limitations to the student's functioning directly related to prescribed medications?

- No Yes. If yes, please describe

8. Please state specific recommendations to be considered by The University regarding housing and a rationale as to why these housing needs are necessary based on the student's medical (physical or emotional) condition. Also, please identify and explain if there are any housing environments that might lead to an exacerbation of the condition/impairment (e.g., room temperature, room location, etc.)

9. Please provide specific housing accommodation recommendations with justification as to why these accommodations would be appropriate for the student.

Accommodation _____

Justification _____

- Necessary Beneficial but not necessary

Accommodation _____

Justification _____

- Necessary Beneficial but not necessary

Accommodation _____

Justification _____

- Necessary Beneficial but not necessary

Name/Title _____

Address _____

Phone _____ License number _____

Signature of provider _____ Date _____

By typing your full name you are hereby signing this form.

**Please email the completed form to non-academic-accom@scranton.edu
or return it to the student so it can be uploaded to the Accommodate system.**