



## Request for Housing Accommodation

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### PART I: TO BE COMPLETED BY THE STUDENT

Student's Name \_\_\_\_\_  
LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth \_\_\_\_\_ Cell number \_\_\_\_\_ Class Year \_\_\_\_\_

Time period requested for housing accommodation \_\_\_\_\_ to \_\_\_\_\_  
START END

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### PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied for a housing accommodation at The University of Scranton. 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:

- 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.
- 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.
- The medical provider completing this form cannot be a relative of the student and must have evaluated the student within the last 12 months.

If you have any questions, please email [non-academic-accom@scranton.edu](mailto:non-academic-accom@scranton.edu).

1. Is this student currently under your care? ☐ Yes ☐ No
  - 1a. When did you last see/evaluate this student? \_\_\_\_\_
2. How long have you been working with this student regarding this diagnosis/medical condition? \_\_\_\_\_
  - 2a. Date of diagnosis \_\_\_\_\_
3. What is the diagnosis/medical condition and how long is this likely to persist? (Please use definitive language and avoid speculative language such as "suggests", "could have problems", or "indicative of")  
\_\_\_\_\_

4. List the student's current treatment plan including medication(s), dosage, frequency, and any adverse side effects.

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4a. Are there any significant limitations to the student's functioning directly related to prescribed medications?

☐ No ☐ Yes. If yes, please describe:

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5. 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.) if not already provided above.
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6. If a student is requesting a specific room design or location, please demonstrate how the specific room design and/or living environment (which is identified according to class year on the [Residence Life website](#)) to mitigate the student's symptoms (e.g. requests for singles must include why other reasonable accommodations, such as changing roommates, utilizing other quiet study spaces, etc. are not reasonable to accommodate the student's disability).
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1. Please provide specific housing accommodation recommendations with justification as to why these accommodations would be appropriate for the student. Please state specific recommendations to be considered by The University regarding housing and a rationale as to why these housing needs are medically necessary based on the student's medical (physical or emotional) condition. There must be a very clear connection between the functional impact of the disability and the recommendations. The recommendation must also indicate why other reasonable accommodation(s) are not appropriate. (For example, a first-year student is seeking air conditioning because of a disability, the recommendations must indicate why an air purifier, fan or other mechanism is not a viable option to mitigate symptoms.).

2.

12a. Accommodation:

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Justification:

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☐ Necessary

☐ Beneficial but not necessary

12b. Accommodation:

\_\_\_\_\_  
Justification:

☐ Necessary

☐ **Beneficial but not  
necessary**

12c. 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](mailto:non-academic-accom@scranton.edu)  
or return it to the student so it can be uploaded to the Accommodate system.**