



## Housing Accommodation Request for Students with Disabilities

### Criteria for Medical Provider Information

(Student: Please print the information on the lines below before submitting to your medical provider for documentation.)

Student Name \_\_\_\_\_

Accommodations requested for the following semester(s) \_\_\_\_\_

**The following information is to be obtained from your licensed medical care provider and submitted with your request for housing accommodations.** In order to ensure the provision of reasonable and appropriate accommodations and services, relevant current and comprehensive documentation is required. All medical information remains confidential.

#### For the medical care provider:

**Note: Information must be on professional letterhead that includes the qualifications and contact information of the examiner.**

- A diagnostic statement including the date of the most recent evaluation (i.e., psychiatric conditions generally require an updated evaluation every six months);
- List of any diagnostic criteria or tests used, if applicable;
- Statement of the specific activities substantially limited by the condition and the level of severity;
- Description of how the student's disability-related functional limitations or behavioral manifestations impact living in a university residence hall setting;
- Any treatments, medications, devices or services currently prescribed or used to minimize the impact of the disability;
- Any medical recommendations you may have for reasonable accommodations for this student in a university residence hall (based on responses to the previous two items);
- The expected duration, stability or progression of the condition and,
- Signature of Physician/Licensed Medical Care Provider
- The credentials and contact information of the diagnosing professional on letterhead.

This information should be returned by mail or fax to the Disability Resource Center, Clayton State University, 2000 Clayton State Blvd., Student Center, Room 255, Morrow, GA 30260. Secure fax: 678-466-5467. (E-mail is not a secure communication medium and is not recommended for transmission of confidential information.)

#### **DUE DATE**

**Same date as the priority (earliest) deadline for the "Housing Reservation Form"**  
(Semester deadlines can be found at: <http://adminsivices.clayton.edu/housing/application.htm>)