



HEALTHCARE PROVIDER FORM
REQUEST FOR DISABILITY RELATED HOUSING ACCOMMODATION(S)

Student Release

Student Name: _____ Date: _____

***I authorize Syracuse University to receive information from the provider listed below. I also authorize my provider to discuss my disability/s with the appropriate University personnel to make a proper determination of necessary accommodations. My signature also indicates that the statements and documentation have been completed by the appropriate healthcare provider or their designee. I understand that providing false information places me in violation of the Syracuse University Student Code of Conduct and subjects me to any applicable sanctions.**

Provider Name: _____

Contact Information: _____

Student Signature: _____ Date: _____

HEALTHCARE PROVIDER (to be completed by the healthcare provider)

To determine eligibility for an accommodation for a housing or meal plan, Syracuse University requires the student to be a qualified student with a disability (i.e., have a physical or mental impairment that substantially limits one or more major life activities) and submit documentation from an appropriate licensed professional or healthcare provider. As the provider you must be familiar with the history and functional limitations of the student's disability. You are not eligible to complete this form if you are related of the student. ****The documentation that supports the student's request should reflect your responses to the questions on this form.**

I verify that this form has been completed by me or a designated staff member, that I am treating this student, and that I am not a relative of the student.

Provider Name: _____ Date: _____

Provider Signature: _____

Provider License Number: _____ State of Licensure: _____

Provider Address: _____

**** I have attached the pertinent medical and educational information detailing the student's disability. Medical Documentation should include progress notes describing the severity and/or frequency of exacerbations, limitations of the student's illness/injury, and any abnormal diagnostics if applicable (i.e. blood work, X-rays, MRIs, CT scans, Allergy Testing). Educational documentation may include psycho-educational evaluations, psychological assessments, IEP or 504 Plans. Note that requests may be denied in the absence of adequate supporting documentation.**

The answer to any/all of these questions is important in our decision-making. Our goal is to provide access for all students to a safe and supportive living environment in our established Housing and Residence Life Programs. Please provide all of the following information here or in a detailed narrative:

1. State the disability/physical or mental health impairment: _____
2. Recommendations for specific accommodations related to housing:

3. Is there a negative health impact that may be permanent if the specific request is not met? Can you recommend alternate accommodations? _____

4. Is the student's medical condition/disability permanent or cyclical? _____
5. Is the request an integral component of a treatment plan for the condition/disability in question? If yes, please explain?

6. Does the request center on room adaptations necessary for safe and independent occupancy in the residence hall?

7. Describe the likely impact on academic performance if the request is not met?

8. Describe the likely impact on social development if the request is not met?

9. What (if any) medications does the student take for the condition and are there potential side effects that may further impact living in the residence hall and/or unit or apartment?

10. When was the student's last scheduled visit with you? _____

Failure to attach the supporting documentation will delay review of the student's request.

Completed forms and required documents should be mailed to:
Syracuse University Office of Disability Services
804 University Avenue – Third Floor
Syracuse, New York 13244

*Or via e-mail; odssched@syr.edu or FAX to (315) 443-1312

For questions regarding completion of this form please contact the Office of Disability Services at (315) 443-4498