



Accessible Campus Community & Equitable Student Support (ACCESS)

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a Student Success Center, Room 1203, Campus Box 1611, Edwardsville, Illinois 62026-1611

**Housing Accommodation Verification Form**

**Student Information**

Student's Name: \_\_\_\_\_

Student 800#: \_\_\_\_\_ Date: \_\_\_\_\_

*I authorize Accessible Campus Community & Equitable Student Support (ACCESS) at SIUE to release and/or receive information from the provider below. I also authorize my provider to discuss my condition(s) with the ACCESS office for the purposes of approving a housing accommodation:*

Student Signature: \_\_\_\_\_

**Provider Information**

Name of Provider: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*To determine eligibility for housing accommodations, Southern Illinois University Edwardsville (SIUE) requires current and comprehensive information on the student's condition from the diagnosing physician or health care provider (the provider completing this form should **not** be a relative of the student).*

Information about the Student's Disability (*A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities."*)

**1. For what condition are you treating the above referenced student?**

- a. How long has the student had this condition?
- b. What is the severity of the condition? (Please Check One)    Mild    Moderate    Severe
- c. What is the expected duration of this condition?

**2. Please state the following:**

- a. Date of first contact with student
- b. Date of last contact with student
- c. Frequency of appointments with student

3. List the student's current medication(s), dosage, frequency, and adverse side effects, as they may relate to University Housing:
  
4. Describe the functional limitations of the student's condition as it relates to housing:
  - a. Is the requested accommodation:      **Medically Necessary**      **Medically Beneficial**  
(please check one and explain response below):
  
5. Please state specific recommendations regarding housing accommodations for this student. Include a rationale as to why these housing accommodations are warranted based upon the student's functional limitations. Indicate why the accommodation(s) are necessary (i.e. if you suggest a private bedroom, please state the reasons for this request related to the student's functional limitations and disability).

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**Medical Provider's Signature**

**Date**

*Upon completion, please return to ACCESS office at Southern Illinois University Edwardsville by email or fax.*