



Accessibility Services

Peabody Hall 208
Phone: 207.992.1934
Fax: 207.992.4926
Studentsuccess@husson.edu

Disability Documentation Form for Residence/Housing Accommodations

The following must be filled out by a qualified medical or psychological provider with expertise in the area of concern, and returned to Accessibility Services.

Residence Life / Housing accommodation requests require documentation to affirm that the student making the request is a student with a disability, with functional limitations which present a barrier to access of the on-campus residences or dining services at Husson. Approval of requests is determined on a case by case basis.

- I. Please name the diagnosis / diagnoses and list the ICD 10 or DSM V codes relevant to the individual’s medical or psychological condition for which accommodations are necessary.

- II. Date of named diagnosis/diagnoses and date of last visit with this student:

- III. Is this condition temporary or permanent? If needed, please describe:

- IV. Please indicate the current, substantial disability-based limitations related to the accommodation request.

- V. Please describe the current course of treatment. Is the accommodation request an important component of the treatment plan for this condition? Please explain:
