

The Center for Student Success

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.

Date of n	amed diagnosis/diagnoses and date of last visit with this student:
s this cor	ndition temporary or permanent? If needed, please describe:
	dicate the current, substantial disability-based limitations related to the odation request.
	escribe the current course of treatment. Is the accommodation request an
Please de	

VI.	describe how this accommodation request is warranted based on the disability.			
VII.	A "medical single" applies to students whose conditions warrant prioritization of single rooms, and the student would not otherwise be able to participate in campus housing. Does the student's condition rise to the level of a "medical single?" If so, what symptomology supports this determination?			
Please Pri	nt: Name, Title, Credentials:			
License N	umber:			
	City:			
Phone:	Fax:			
Signature	:	Date:		
Please ret	turn this completed form directly to:			
	Atkinson, Director of Accessibility Services ody Hall, Center for Student Success			

Fax: 207-992-4926

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