NORFOLK STATE UNIVERSITY
We see the future in you.

Office of Accessibility Services
700 Park Ave., James A. Bowser Building Suite 121, Norfolk, Virginia 23504
P: 757-823-8325 | F: 757-823-2640 | oasis@nsu.edu

Housing Accommodation Request Medical Form

Please note the housing accommodation request does not guarantee the request. Additional documentation may be requested or alternative accommodations may be put into place, where applicable.

Part I: To be completed by the student. Feel free to attach a separate page if you need more room.

Student Name: _____ Student ID Number: _____

Current residence hall and room number (if applicable): _____

In what year did you first reside in campus housing (if applicable)? _____

In what year did you first enroll at Norfolk State University? _____

Are you a new student, transfer student, or returning student? _____

What is your current classification? (i.e. freshman, sophomore) _____

Other than the provider that is completing the medical form, are you connected to any other provider(s) for the indicated diagnosis(es)? Yes_____ No_____

If so, please include the provider (s) name, title, and scope of practice:

_____

_____

Please specify what housing accommodation you are requesting. How will the accommodation provide you with equal access to campus housing as it relates to your disability that is not possible without the requested housing accommodation?

_____

_____

_____

By submitting this request, I am giving my consent for any information relevant to this request to be reviewed by appropriate Accessibility Services staff in evaluation and in any subsequent provision of a housing accommodation.

Student Signature: _____ Date: _____

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Housing Accommodation Request Medical Form

Student's Name: _____ Date of Birth: _____

Part II: To be completed by Licensed Medical Provider.

Norfolk State University's Accessibility Services is charged with determining students' eligibility for accommodations under the Americans Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Eligibility for accommodations is determined on a case-by-case basis.

This form is intended to help licensed medical providers document a student's relevant disability information to support the determination of eligibility for housing accommodations. Please note that completing this form is one way to provide disability-related documentation. Alternatively, a letter from a licensed medical provider on official letterhead that includes the same requested information may also be submitted.

This form should be:

- **Completed by a qualified medical professional.** Qualified professionals are typically trained, certified, and licensed to diagnose and/or treat medical conditions, including medical doctors, psychiatrists, psychologists, counselors, and social workers. **The professional providing the diagnosis must not be related to the student.**

- **Completed as thoroughly as possible.** Incomplete information, inadequate responses, or illegible handwriting may delay the accommodation review process. The information listed within this form should reflect the most up-to-date information about the student.

- **Submitted to Accessibility Services.** The information may be faxed to Accessibility Services at 757-823-2640 or emailed to oasis@nsu.edu

The above-named student has indicated that you are the healthcare professional/licensed provider who is recommending a housing accommodation as necessary for alleviating one or more of the identified symptoms or effects of the student's disability. To evaluate the request for this accommodation, we ask you please answer the questions below. Please know that by providing this information, you are verifying this student's disability and a housing accommodation addresses that disability. Please feel free to attach a separate page to further explain the responses, if needed.

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Information about the Student's Disability: (Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities.)

1. What specific housing accommodation do you recommend for the student? Please provide a rationale for each recommended accommodation and how the accommodation is medically necessary.

2. What is the nature of the student's physical or mental disability? Please describe how the student is substantially limited in their disability and how it interferes with one or more major life activities that would be encountered in campus housing.

3. How long have you been working with the student and when did you last interact with the student regarding this disability?

4. What disability-related symptoms will be reduced by the housing accommodation?

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5. What consequences, in terms of disability symptomology, may result if the housing accommodation is not approved?

_____

_____

_____

6. What are possible alternatives if meeting your recommendation is not possible?

_____

_____

_____

Healthcare Professional/Licensed Provider Information & Credentials

Provider's Name (Print): _____ Title: _____

License/Certification Number: _____

Business Address: _____

_____

Phone: _____ Email Address: _____

Signature: _____ Date: _____