

Shawnee State University  
The Office of Accessibility Services  
1001 4<sup>th</sup> St. Hatcher Hall  
Portsmouth, OH 45662

Phone (740) 351-3106  
Fax (740) 539-8827



## Verification Form and Request for Housing Accommodations

Name (Last, first, middle initial)

Shawnee ID#

Campus Address

Primary phone number

Email address

### Type of Housing Accommodation Request:

I authorize The Office of Accessibility Services at Shawnee State University to receive diagnostic information from my provider.

Provider Name

Student Signature

Date

**In order to determine reasonable accommodations for housing, Shawnee State University requires current written documentation of the student's condition from a licensed clinical professional or health care provider. The licensed clinical professional or health care provider must be familiar with the history and functional limitations of the student's condition.**

1. **Diagnosis:** Please list all relevant diagnoses. If applicable, please list all DSM-V or ICD Diagnoses (text and code).

2. Describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity.

3. Please state the specific recommendations regarding housing, and a rationale as to why these housing needs are warranted based upon the student's disability. Indicate why the change to housing is necessary for the student.

**All documentation submitted to The Office of Accessibility Services is considered confidential.**

**Provider Information**

I certify by my signature below that I conducted the diagnostic assessment of the student named above.

Signature

Date

Print name and Title

State of License

License Number

Address

Phone