



Student: Check the type of **medically necessary** residence accommodation you are seeking:

- Single room
- Residency requirement exemption
- Emotional Support Animal

Medical Provider Please Complete

To qualify for accommodations at the University of Mary, a student must experience the adverse effects of a disabling condition which substantially limits one or more major life activities as outlined in Section 504 of the Rehabilitation Act and the Americans with Disabilities Act as amended. This form must be completed by a diagnosing professional who has an ongoing relationship with the student (at least 3 months), who is not a relative of the student, and within the professional's scope of practice. Student Accessibility Services will use your information to determine this student's eligibility for a reasonable **medically necessary** residency accommodation at the University of Mary.

A diagnostic report or a letter on the professional's letterhead addressing the information requested in this form can be substituted for the Request for Documentation form.

Student's Name:

Date of Birth:

Name and Credentials of Evaluator:

Date of Most Recent Evaluation and Disabling Condition:

Describe how this disabling condition creates a barrier and limits the student functionally in the residence hall setting. Does residence hall living significantly affect the frequency or severity of disabling condition?

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Describe interventions tried, current interventions and their effectiveness in relation to the functional impact of the disabling condition or its symptoms.

Describe expected progression or stability of the disabling condition or its symptoms including expected changes over time, information on the cyclical or episodic nature of the disabling condition/symptoms and any known/suspected environmental triggers that residence hall living create or exacerbate.

List recommendations for accommodations, explain how each accommodation minimizes or mitigates the functional limitations of this student's disabling conditions or helps the student manage the condition/symptoms that cannot be done in a residence hall setting.

This accommodation is medically necessary because _____

_____.

(i.e., not having this accommodation will create a barrier to participation in the educational and social aspects of the University).

I certify that the information submitted represents this student's **present level of functioning**.

Signature and Credentials

Print Name

Date

Attach business card.