

HEALTHCARE PROVIDER VERIFICATION FORM: REQUEST FOR DISABILITY ACCOMMODATION IN UNIVERSITY HOUSING

Student Name: _____ **MHU Email:** _____

Mars Hill University provides reasonable accommodations to students with disabilities. MHU has a variety of residence halls with different types of amenities available to students. In order to best evaluate a student's disability-related request for an accommodation in a university residence, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability to address specific functional limitations that result from the student's physical and/or psychological conditions. The provider completing this form cannot be a relative or a student. The provider may completely respond to all questions on this form or on office letterhead.

1. ***Does this student who you have individually evaluated and treated have a physical or mental impairment that substantially limits one or more major life activities?***

_____ No

_____ Yes: Describe what major life activities are impaired: _____

2. **Possible housing accommodations known to assist students with disabilities might include AC; ground level access; central campus proximity; single or private room; specific type of restroom access; no carpet in room; Service Dog; etc. Identify the disability-related need for each requested housing accommodation. Explain how the specific housing accommodation(s) is necessary for the student to have equal access to university housing and programs? (If the request is to be allowed a Service Dog, and if the disability is not visible, what work is the dog trained to do?)**

HEALTHCARE PROVIDER INFORMATION

_____ I am verifying that the named student information is correct, that the student is a patient whom I have been treating, and that I am not a relative of the student.

Provider Name (print): _____ Credentials/License: _____

Signature of Verifier: _____ Date: _____

Address (Print or Provide Office Stamp): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____