



Supporting Documentation for Housing Accommodation Request

Provider (Physician, Nurse Practitioner, Psychiatrist, Psychologist, Counselor, Social Worker, or other healthcare professional):

The Queens University student named on this form has indicated that you are a health care provider who has suggested that a disability accommodation related to campus housing is necessary to provide the student with access to and/or full benefit and enjoyment of university residential life.

To consider this student's request for an accommodation because of a disability, Queens University requires documentation from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and their functional limitations. The information you provide will be used to evaluate the student's request for accommodation. Please take the time to complete this form in its entirety and/or provide all requested information.

All information provided to us is kept confidential within the Student Accessibility Services Office in accordance with the Family Educational Rights and Privacy Act (FERPA).

Thank you for your assistance.

Return Completed Form to:

Student Accessibility Services, Center for Student Success
1900 Selwyn Avenue
Charlotte, NC 28274
Fax: 704-688-2738
Email: SAShelp@queens.edu

4. How will the student's disability be accommodated or limitations be mitigated by the accommodation(s) you have recommended?

5. If the accommodation is not approved or cannot be met, what will be the likely effect on the student's disability, limitations or well-being?

6. If the recommended accommodation cannot be met, are there alternative accommodations which may facilitate the student's full participation in and access to campus life?

Part II: Provider information

Provider's Name:

Profession/Specialty:

Address:

Phone:

7. If you are related to this student what is your relationship?

8. **For mental health accommodation requests**, please provide this information about your professional relationship with the student.
 - a. Is the student/patient currently under your care? Yes No
 - b. If yes, duration of care? _____
 - c. Date of most recent contact? _____
 - d. When did you first meet with the student regarding this diagnosis? _____
 - e. Does the student require ongoing treatment? _____

9. What is your professional licensure/certification? (e.g. Licensed Professional Counselor):

License/Cert. #: _____ State: _____

Licensing Organization:

Part III: For Emotional Support Animal (ESA) Requests Only

We recognize that having an ESA in the residence hall can be a real benefit for someone with an emotional or mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. If we need additional information, we may contact you at a later date.

9. Type of animal: _____ Age of animal: _____ Animal name*: _____

10. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that, in your professional opinion, will benefit the student's mental health while in residence on campus?

I specifically prescribed the animal named here as part of the treatment for the student.

I believe an animal will have a beneficial the student's mental health while in residence on campus.

* Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

11. Are you personally aware of evidence that an ESA has helped this student in the past or currently? If so, please explain.

12. Have you discussed the responsibilities associated with properly caring for this type of animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's disability or limitations in any way?

13. Is there any other information you believe should be considered as a part of the accommodation request?

Thank you!