Verification Form for Housing Accommodations

Student Name: ______________________________________________________      CID: ____________________

In order to determine reasonable accommodations for housing, Angelo State University requires current and comprehensive documentation of the student’s condition from a licensed clinical professional or health care provider. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student’s condition(s).

1. Date of Initial Contact with Student: _____ / _____ / ______

2. Date of Last Office Visit with Student: _____ / _____ / ______

3. Diagnosis: Please list all relevant diagnoses.
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Approximate onset of diagnosis: _____ / _____ / ______

   Severity of symptoms
   □ mild
   □ moderate
   □ severe

   Prognosis of disorder:
   □ good
   □ fair
   □ poor

5. Describe the symptoms related to the student’s condition that cause significant impairment in a major life activity.
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

I authorize Angelo State University Office of Student Affairs to receive information from my provider __________________________. I authorize my provider to discuss my condition(s) with the appropriate and qualified Angelo State University personnel on an as needed basis.

Student Signature: __________________________ Date: __________________________

ANGELO STATE UNIVERSITY
Office of Student Affairs
6. Please state the specific recommendation regarding housing, and a rationale as to why these housing needs are warranted based upon the student’s disability. Indicate why the change(s) to the housing environment you recommend are necessary.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Thank you for your assistance in providing this information. Please complete the provider information below. This form should be signed and returned via fax or mail to the Office of Student Affairs at the address shown at the end of this document. All documentation submitted to the Office of Student Affairs is considered confidential.

Provider Information
By my signature below, I certify that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above. I have determined the accommodation(s) requested is/are necessary to afford the individual an equal opportunity to use and enjoy on-campus living. I certify there is an identifiable relationship between the disability and the accommodation requested.

Signature: _____________________________________  Date: ___________________________
Print Name and Title: ___________________________________________________________________
State of License: _______________________________________________________________________
Address: _____________________________________________________________________________
Phone: _________________________________________

* Common accommodations for health issues such as allergies, or diabetes will not require submission of this form. Please make sure to note requests for these types of diagnoses on your housing application.

Please return this form to:
Office of Student Affairs
Angelo State University
University Center, Room 112
ASU Station #11047
San Angelo, TX 76909-1047
T: 325-942-2047
F: 325-942-2211