



Elon Housing Accommodations Provider Form

Important Information Before Beginning This Form

- This form is to be completed on behalf of students requesting housing accommodations on Elon's campus for the reason of a disability. Elon University requires supporting documentation of the student's disability from the student's licensed clinical professional or health care provider before Elon will consider and provide reasonable accommodation(s).
- Failure to complete this form in a timely manner may result in a delay or may prevent Elon from being able to grant the requested accommodation. This form should be completed by a **licensed clinical professional or health care provider**. This form is **not** to be completed by the student or a family member, including a family member who is a licensed provider.
- For further information on our full guidelines for disability documentation, please visit our website on [Documenting a Disability](#).
- This form should be used for **housing accommodation requests only**. For additional information on housing accommodation requests, please visit Frequently Asked Questions about [Housing Accommodations](#).
- Please note that the Housing Accommodations Committee, which includes representatives from Residence Life, Academic Accommodations and Accessibility, and medical professionals, work to balance each student's housing accommodation needs and their expressed **preference** for location or room style. After an accommodation has been granted and the student has been placed in a space that **meets that approved accommodation**, no further changes can be made based on preference. We work to facilitate access to approved accommodations, but we cannot accommodate preference for location or room style in our process.
- Elon University has a wide variety of housing options and can accommodate most housing accommodation needs on campus. As such, **a release from the University's residency requirement is generally not considered a reasonable accommodation**.

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Student Information

Student Name:

Student Date of Birth:

Student ID (if known):

Provider Information

Name of Provider:

Provider Credentials:

Provider Phone Number:

Provider Email (if available):

Explanation of Need for Housing Accommodation(s)

1. Please list the student's relevant diagnosis(es) that fall under your scope of practice.
2. Which major life activity(ies) or bodily function(s) does the diagnosis impact? (e.g., walking, seeing, hearing, breathing, self-care, etc.)
3. Describe the current severity **and** duration (including stability and progression, if applicable) of the student's functional limitations or disability-related impacts (this may include negative impact that may occur if request is not granted).

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4. What is the original date of diagnosis (if known)? Please include the name and degree/specialty of the individual who diagnosed the student. Please describe diagnostic criteria/tests used.

5. What is the date of the most recent evaluation or assessment that **you** completed with the student?

6. Please include a list of treatments, medications, devices, or services the student is currently prescribed and other specialists or providers in their care team (if applicable).

7. Please describe your professional recommendations for housing accommodations based on the student's disability and functional limitations.

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8. Please describe how **each** specific housing recommendation serves to alleviate the impact and severity of impact of the student's disability and functional limitations.

9. If there are other types of housing that may also meet the student's needs, please describe those alternatives.

10. **OPTIONAL:** Please provide any additional comments below.

Professional Verification and Signature

I am attaching a statement **on my official letterhead** of the last appointment I had with the named student, and including my address, phone number, professional credentials, and signature.

Provider Signature:

Date:

Once completed, please return to the Office of Academic Accommodations and Accessibility via email (accommodations@elon.edu) or secure fax (336-278-6514). Thank you!