

SEWANEE

THE UNIVERSITY OF THE SOUTH

Office of Student Accessibility Services

Student Consent (Please sign this form before providing it to your medical or mental health provider to complete. Student Accessibility Services will not accept this document unless it is signed below):

By signing below, I consent to allow my healthcare provider to share any information relevant to my need for accessible housing accommodations with the Office of Student Accessibility Services. I consent to allow the Office of Student Accessibility Services to contact my medical provider if additional information is required. Please note that a FERPA consent will be required.

Student's Signature

Date

Student's Printed Name

Medical/Mental Health Professional Documentation

This section is to be completed by the student's physical or mental health care provider.

History of presenting problem and current medical condition/diagnosis:

Expected duration of the condition:

Temporary

Permanent

Stable

Progressive

Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (ie: walking, breathing, sleeping, seeing, hearing, learning, and socializing). Please relate it to accommodations requested.

Are there other factors that contribute to this student's need for the requested accommodation?

Please indicate below your recommendation regarding housing accommodations for this student. Please note that the accommodations marked with an asterisk (*) are extremely limited and will only be considered for student's meeting ADA criteria. Housing accommodations are based on the student's functional limitations and level of need.

ADA bathroom*

Semi-Private Bathroom

Strobe Light emergency

Bed Shaker

- First Floor or Elevator
- Wheelchair accessible
- Air conditioning
- Single room *
- Other: _____

Further explanation for any of the above:

Please attach any additional documentation that might be helpful in the accommodation process (e.g.: medical file notes, test results, etc.)

Name of Professional (Print)

Signature of Professional

Date

License Number

State

Address Line 1

Address Line 2

City, State, Zip

Phone

Email

Please return this form to the
Office of Student Accessibility Services
Mail: 735 University Ave
Sewanee, TN 37383

Fax: 931-598-1803

email: sas@sewanee.edu