Florida State University Student Disability Resource Center DOCUMENTATION FOR A HOUSING ACCOMMODATION

The Student Disability Resource Center (SDRC) at Florida State University (FSU) complies with all federal and state disability laws to ensure equal access for qualifying persons with a disability to educational programs, services, and activities. Please complete the form below to assist the SDRC in determining appropriate and reasonable disability accommodations for housing. To be considered for a housing accommodation due to a disability, FSU requires documentation of the student's current condition from the treating licensed clinical professional or health care provider. This provider must be thoroughly familiar with the student's condition and functional limitations and must make a direct connection to the requested accommodation based on the student's current functional limitations. Please complete this form in total. Additional paper may be attached if the space provided is inadequate.

Student Name:		
Specific diagnosis/disability (include diagnostic code)		
2. Date of diagnosis		
3. Procedure/assessments used to diagnose this condition (Attach copies of results)		
4. Current severity of this condition		
5. Expected duration of this condition		
6. Date of last office visit for this condition		
7. Prescribed treatment or medications		

8. Describe how this condition substantially limits a major life activity.		
9. How will this limitation(s) affect the s specifically housing and academics?	student's ability to participate in student life,	
10. Recommended housing accommod must be clearly linked to functional limit	dation – please be specific. Recommendation tations.	
11.Why is this accommodation necess	ary for their condition?	
12. An alternative if the recommended	housing accommodation is not available:	
SIGNATURE OF PHYSICIAN/CLINICI	AN:	
CREDENTIALS	SPECIALTY	
LICENSE/CERT.#		
DATE		

*Please attach your business card.