



DOCUMENTATION FOR HOUSING ACCOMMODATIONS

STUDENT'S NAME: _____

Student's e# (provided by student): _____

Healthcare Provider's Name: _____

The above named student at Elmhurst College has requested housing accommodations (_____) due to medical reasons. In order to evaluate this request, the Office of Access and Disabilities Services requires documentation from a licensed professional (not a relative of the student) who can explain how the requested housing accommodations will impact the medical condition. The information you provide will be maintained in the student's confidential file. This form along with a cover letter on professional letterhead should be submitted to the address below:

Access and Disability Services
Elmhurst College
190 Prospect
Elmhurst, IL 60126
disability.services@elmhurst.edu
(630)617-6448

Student's Diagnosis: _____

Date of Original Diagnosis: _____

Date of Last Evaluation: _____

When was the student last seen by you? _____

Please describe the treatments and/or medications that have been prescribed:

Does the student's condition substantially limit any major life activities? If yes, please describe the limitations:

How will the requested housing accommodation impact the medical condition?

Healthcare Provider's Signature

Date

License number _____

Healthcare Provider Address _____

Healthcare Provider Phone Number _____

Healthcare Provider Email Address _____

Housing Accommodations Request Deadlines:

Fall Semester-March 11 (Current Students)

May 15 (New Students)