

DOCUMENTATION FOR HOUSING ACCOMMODATION REQUEST

Student Name: _____ Class Year: _____

Healthcare Provider's Name: _____

To support a request for a housing accommodation other than the use of a service animal, the student should arrange for his or her healthcare provider to submit the following information, unless it is already on file with Carleton Student Health and Counseling. The healthcare provider should submit this form directly to the Office of Residential Life along with a cover letter on the provider's letterhead stating the provider's area of practice and qualifications. *This form should not be submitted if the only accommodation being requested is to use a service animal.*

Please answer the following questions (please attach additional pages if additional space is required):

1. Description of the condition.
2. Date of onset of the condition and last contact with student.
3. Statement as to the activities substantially limited by the condition and the level of severity.
4. Description of the student's functional limitations or behavioral manifestations in a college residence hall setting.
5. Healthcare provider's recommendations regarding reasonable accommodations for this student in a college residence hall (based on questions 3 & 4). *Please address why this accommodation is the best / only option for the student's success.*

Please return this information to:

Office of Residential Life
Carleton College
1 North College St.
Northfield, MN 55057
FAX: 507-222-7473

Signature of Health Care Provider

Date of completion