



Documentation for Housing Accommodations

Student Name: _____ LU ID: _____

Healthcare Provider's Name: _____

To support a request for an accommodation, other than the use of a service animal, the student should arrange for their healthcare provider to submit information pertaining to the questions below. The healthcare provider should submit this form directly to the Dean of Students office along with a cover letter on the provider's letterhead stating the provider's area of practice.

If the student has already submitted the information below to a different office on campus the student should contact the Dean of Students Office by email to indicate which office office, and to give permission for those files to be shared with the Dean of Students Office.

Please answer the following questions (attach additional pages as necessary):

1. Description of the disability and/or condition.
2. Date of onset of the condition and last contact with the 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 and 4). Please address why this accommodation is the best option for the student's success.

Please return this information to:

Dean of Students Office

711 E Boldt Way

Appleton, WI 54911

Phone: 920-832-6596

FAX: 920-832-7078

deanofstudents@lawrence.edu

Signature of Healthcare Provider

Date of Completion