

# HOUSING ACCOMMODATION REQUEST FORM (PROFESSIONAL)

*To be completed by the certifying professional*

Waiver

"I am requesting that the information on my disability be released by \_\_\_\_\_ to the Office of Accessibility Resources at Bucknell University."

Student's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above named student is requesting housing accommodations for a **documented disability** at Bucknell University. In order to respond to the student's request, Bucknell University requires the information below. Please complete Section A and Section B listed below and return to:

Heather Fowler, Director  
The Office of Accessibility Resources  
212 Carnegie, Lewisburg, PA 17837  
Or fax to: 570-577-1826

For questions, contact 570-577-1188 or [hf007@bucknell.edu](mailto:hf007@bucknell.edu)

## SECTION A – CERTIFYING PROFESSIONAL CONTACT AND CREDENTIALS INFORMATION

Name \_\_\_\_\_

Specialty \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

License/Certification Number and State of License: \_\_\_\_\_

Date of initial contact with student/patient \_\_\_\_\_ Last contact \_\_\_\_\_

## SECTION B – DIAGNOSIS, TREATMENT, AND RECOMMENDED HOUSING ASSIGNMENT

Please provide the following information for consideration of a housing accommodation at Bucknell University. Please provide this information on your professional office stationery (**not a prescription pad**) and attach to this sheet. Thank you for your time and support in providing assistance for this student.

1. A diagnostic statement—what the impairment is—as well as include the date of most recent evaluation.
2. A clear statement that explains how the impairment “substantially limits one or more major life activities” – definition of a disability as defined by the ADA—and the current impact of, or functional limitations imposed by the student's disability and how a housing accommodation would alleviate it.
3. The expected duration, stability, or progression of the diagnosis.
4. Specific recommendations for a housing assignment as well as an explanation supporting the recommendation. Please include the level of need for (or consequences of not receiving) the recommended housing assignment.

I certify that the documentation and statements attached to this request are true and accurate and that I am not a family member of this student.

Certifying Professionals' Signature \_\_\_\_\_ Date \_\_\_\_\_