



Housing/Dietary Accommodation Licensed Professional Verification Form

Student Name: _____

Student E-mail: _____

Medical/Psychological Diagnosis for accommodation need: _____

What type of accommodation is the student in need of? Please circle one or both

Housing

Special Dietary

Types of Housing Accommodations available but not limited to (please circle recommended need(s)):

Single Room

Bathroom- Sink only

Bathroom- Full

Bathroom- ½ Bath- Toilet, Sink

Handicap Accessible Bathroom

Semi-Private Kitchen

Dedicated Kitchen

Assistance Animal

Service Animal

Air Conditioner

Other: _____

- **Any kitchen requests will need to be cleared through our special dietary accommodation policy on campus**

Recommended Special Dietary Accommodations: _____

Licensed Professional Signature: _____ Date: _____

- **IN ADDITION to this verification form our office needs an official LETTER HEAD letter with diagnosis, recommended accommodations from SAME licensed professional.**