



University Housing
SOUTHERN ARKANSAS UNIVERSITY

218 Reynolds Center
(870)235-4047

100 E. University, Magnolia, AR 71754
Director: Sandra Martin

Verification Form for Housing Accommodations

For full consideration for accommodations, forms must be submitted by June 1 for fall semesters and October 1 for spring semesters. Accommodation requests made after these deadlines will be considered on a case by case basis.

I authorize Southern Arkansas University Housing and Disability Support Services to receive information from my provider (name)_____. I also authorize my provider to discuss my condition(s) with the appropriate and qualified Southern Arkansas personnel on an as needed basis.

Student Signature:_____Date:_____

Student Name:_____Student ID:_____

In order to determine reasonable accommodations for housing, Southern Arkansas University requires current and comprehensive documentation of the student’s condition from a licensed clinical professional or health care provider. ***The provider completing this form cannot be a relative of the student.*** If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student’s condition(s).

1. Date of Initial Contact with Student: _____

2. Date of Last Office Visit with Student: _____

3. *Diagnosis:* Please list all relevant diagnoses. If applicable, please list all DSM-V or ICD Diagnosis (text and code):

4. Approximate onset of diagnosis: ____/____/_____

5. What is the functional impact or limitations of the disability on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested?

6. Describe the symptoms related to the student's condition that cause significant impairment in major life activity.

7. Please state the specific recommendations regarding housing and a rationale as to why these housing needs are warranted based upon the student's disability. Indicate why the change(s) to the housing environment you recommend are necessary.

Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax or mail to University Housing at the address shown at the end of this document.

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Please return this form to:

Southern Arkansas University
University Housing
100 E. University
Magnolia, AR 71753
Phone: (870)235-4047
Fax: (870)235-5264

Attach Provider Business Card Here

SAU Office Use only:

Disability Services Approval: YES or NO

Housing Application Received: _____

Disability Services Signature: _____

Housing Deposit Received: _____

Date: _____