HOUSING ACCOMMODATIONS LICENSED PROFESSIONAL FORM

Southern Connecticut State University is dedicated to making its programs, services, and activities accessible for students with disabilities. As such, reasonable accommodations are made to provide students with disabilities an equal opportunity to participate in on-campus housing. Along with the housing accommodation request form submitted by students, this form is to serve as documentation from a licensed professional to verify the student’s request for reasonable accommodations. The licensed professional must be an impartial individual who is not a family member of the student.

Student’s Name: _______________________________________________________________

Student’s Diagnosis and Date of Onset or Establishment:
__________________________________________________________________________________________
__________________________________________________________________________________________

Date of Most Recent Evaluation: ________________________________________________

If the student’s condition worsened over the past year, please identify and exacerbating factors that might have led to the present situation.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What medications, treatments, assistive technology, or services if any have been prescribed to this student?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Please describe the functional limitations that will impact the student within the universities housing environment.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please indicate the specific housing accommodation(s) you are suggesting (check all that apply).

<table>
<thead>
<tr>
<th>Accessible Building</th>
<th>Elevator Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair Accessible Room and Bathroom</td>
<td>Single</td>
</tr>
<tr>
<td>Room on the First Floor</td>
<td>Share Bathroom with Fewer People</td>
</tr>
<tr>
<td>Strobe Alarm</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Air Conditioning</td>
<td>Other</td>
</tr>
</tbody>
</table>

Please explain why above accommodations are needed to allow the student an equal opportunity to participate in on-campus housing.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

If the university is not able, or if it is not reasonable to provide this student with the requested accommodation, is there an alternate accommodation you believe would help address the needs?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Southern Connecticut State University reserves the right to amend this form at any time, as circumstances require 06/14/2022
Licensed Professional Verification

Name (print): _________________________________________________________________

Position/Credentials & License number: ____________________________________________
_____________________________________________________________________________

Address: _____________________________________________________________________
_____________________________________________________________________________

Phone:_____________________________Fax:_______________________________________

Signature:_________________________________________Date:_______________________

Signature is verification that this application was completed by you, the licensed professional.

Please send completed form to:

Center for Academic Success and Accessibility Services
501 Crescent Street New Haven, CT 06115
Email: casas@southernct.edu or Fax: 203-392-6829
Phone: 203-392-6828