

**Healthcare Provider/Advocate Form
Request for Disability Related Housing and Meal Plan
Accommodation(s)/Modification(s) Student Release**

Student Name: _____ **Date:** _____

SUID: _____ **Student Email:** _____

I authorize Syracuse University's Center for Disability Resources staff to receive information from the provider or appropriate agency listed below. If further information or clarification is needed, I also authorize my provider or advocate to discuss the relationship between my disability and the need for the requested accommodation/modification in residential housing while attending Syracuse University.

My signature indicates that the appropriate healthcare provider, advocate, or designee has completed the statements and documentation.

Provider Name: _____

Contact Information: _____

Student Signature: _____ **Date:** _____

Healthcare or Agency Provider (to be completed by the provider)

To evaluate the need for a housing or meal plan accommodation or modification, Syracuse University requires the student to be a qualified student with a disability. Under the Fair Housing Act, a disability is defined as having a physical or mental impairment(s) that substantially limits one or more life activities. Individuals are typically requested to submit relevant documentation from an appropriate professional, advocate, or healthcare provider to confirm that the individual has a disability, which is what we ask that you do, in addition to answering the questions on the next page. As such, you must be familiar with the history and functional impact of the student's disability and the disability-related need for accommodation. Once this information is collected, each request is reviewed on an individualized basis.

Please sign to attest that you or your designee personally completed this form, that you are familiar with the student's disability, and that you are **not** a relative of the student.

Provider Name: _____ **Date:** _____

Provider Signature: _____

Contact Number: _____

Date last seen by your office relative to the disability in question: _____

1. Describe your relationship to the student and knowledge of the student's disability.
2. Please describe the disability and/or disabling conditions, including the way that the condition(s) impact the student's major life activities, that you would like Syracuse University to consider in determining whether housing accommodations are appropriate. Please also attach any relevant information that you would like Syracuse University to consider in its review.
3. Please provide your suggestions for specific accommodations related to housing.

Questions 4 & 5 pertain to requests for an Emotional Support Animal (ESA).

4. What has been the duration of therapeutic relationship between the requester and the ESA, please include the type of animal in question:
5. State clearly how the ESA serves a disability-related need for the requester. For example, does the animal work, provide assistance, perform tasks or services for the benefit of a person with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability?

Return Form to:

Syracuse University, Center for Disability Resources

804 University Ave. Syracuse, New York 13244-2330 Phone: (315) 443-4498

Fax: (315) 443-1312

Email: adahousing@syr.edu