

LAFAYETTE

ACADEMIC TUTORING AND TRAINING INFORMATION CENTER

Special Housing Physician Request Form

Student Name: _____

Dear Physician,

Please provide the following information regarding the above named student's request for special housing accommodations at Lafayette College. The student has been informed and understands that the **Special Housing Request** process requires the Medical Professional to complete an evaluation, which documents the medical necessity of the requested accommodation.

The Documentation Report should include information designated by the bulleted items listed below and be written on letterhead. The Physician providing the documentation must practice in the medical specialty specific to the condition presented in the application. It is further understood that the Physician is an impartial individual who is not a family member nor in a dual relationship with the student.

- A diagnostic statement including the date of the most recent evaluation
- The current impact of (or limitations imposed by) the condition
- Treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition
- A clear description of the recommended housing request
- A clear connection between the recommended housing request and the impact of the condition
- A statement of the level of need for (or consequences of not receiving) the recommended configuration
- The expected duration, stability or progression of the condition
- If central air conditioning is a requested accommodation, please specify the medical necessity of central air conditioning vs. window air conditioning

Diagnosing Physician

Name: _____ Title: _____
Signature: _____ Date: _____
Title: _____
Professional License Number: _____
Address: _____
Phone: _____ FAX: _____

Please forward the documentation report and this completed Special Housing Request Form to:

Rebecca Brenner, Coordinator, Disability Services
Lafayette College
714 Sullivan Road
Scott Hall
Easton, PA 18042
(610) 330-5098 (Office) (610) 330-3065 (Fax)