



Request for Housing Disability Accommodation – Qualified Healthcare Professional

Student Name: _____ L#: _____

1. Do you have an established professional relationship with the student to provide health care or disability-related services? Yes No Date of last visit: _____
2. Does this individual have a physical or mental impairment that substantially limits one or more major life activities?

3. Please describe the housing accommodations that you are recommending based on functional limitation(s) of the student's specific disability. _____

4. Emotional Support Animals (ESA) are not pets but instead provide therapeutic emotional support to alleviate symptoms or the impact of the student's disability. If you are recommending an ESA, please identify the type of animal and explain the nexus between the disability and the type of ESA as it relates to residence life: Dog Cat Other:

QUALIFIED HEALTHCARE PROFESSIONAL

Name (print): _____ Date: _____

Signature: _____

License Number: _____ Phone Number: _____

Address: _____

Email address: _____

This information provided will be reviewed and accommodation decisions made in accordance with the policies of Lamar University, the Americans with Disabilities Act, and/or the Fair Housing Act.

For more information, please contact the Accessibility Resource Center at (409) 880-8347 or ARC@Lamar.edu

Please return this completed form to the Accessibility Resource Center by e-mail or in person. In lieu of this form, a letter from a qualified healthcare provider will be considered.