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# Healthcare Provider/Advocate Form - Accessible Housing Request and Student Release

## **To Be Completed by the Student**

I authorize SUNY Cortland’s Disability Resources Office to receive information from those listed below. If further information or clarification is needed, I authorize my provider or advocate to discuss how my requested housing accommodation(s) may remove disability barriers to give me equal access to the university.

Provider/Advocate Name: Click or tap here to enter text.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

C#: Click or tap here to enter text.

## **To Be Completed by the Provider or Advocate**

SUNY Cortland’s Disability Resources Office needs to determine if a student has a condition that substantially limits one or more life activities, how some housing environments might present barriers to the student, and how to provide that student with equal access to the university. You can assist us in better understanding the student’s situation if you are familiar with the history of the student’s condition(s) and the disability-related need for a housing accommodation.

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

Provider/Advocate Name: Click or tap here to enter text.

Provider/Advocate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Provider/Advocate Phone Number: Click or tap here to enter text.

1. What is your relationship to the student? Please include when it began and when you last met with the student regarding the disability.

Click or tap here to enter text.

1. Please describe the student’s condition(s) and how the student’s major life activities are impacted by it. How severe are the symptoms? How frequent are they and how long do they last? Please attach any relevant information that you would like considered.

Click or tap here to enter text.

The next two questions will shift the focus from the student to the housing environment.

1. What barriers might the student face in housing environments due to their condition(s)?

Click or tap here to enter text.

1. How might the student’s housing environment be modified to remove these barriers? For example, a Deaf student may need a strobe light doorbell and fire alarm.

Click or tap here to enter text.

Questions 5 & 6 pertain to requests for an Emotional Support Animal (ESA).

1. How long has the student been in a therapeutic relationship with the ESA? If the student does not have a current relationship with an ESA, please describe any prior relationship the student has had with animals.

Click or tap here to enter text.

1. How does the ESA serve a disability-related need for the student? What assistance or support does the animal provide to alleviate the impact of the student’s condition(s)?

Click or tap here to enter text.