



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: _____

Student Signature: _____ Date: _____

C#: _____

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 and that you are familiar with the student's condition(s).

Provider/Advocate Name: _____

Provider/Advocate Signature: _____ Date: _____

Provider/Advocate Phone Number: _____

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

2. 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.

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

3. What barriers might the student face in housing environments due to their condition(s)?
4. 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.

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

5. 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.
6. 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)?