
Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • awatson@csuniv.edu

Documentation for Disability-Related Housing Accommodations

To be completed by the diagnosing professional, who should not be a relative of the student

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Diagnosis: _____ Date of Diagnosis: _____

Date of Initial Contact with Student: _____ Date of last visit: _____

Is the condition permanent? temporary?

If temporary, what is the anticipated length of disability? _____

Briefly describe (print) the student's medical condition and physical limitations.

Diagnostic criteria/test used:

Treatments/medications/devices or resources currently prescribed (name of medication and dosage):

Expected duration, stability, or progression of the condition:

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Is the student functionally impaired by one or more of the above listed conditions? Yes No

If yes, specifically describe how the condition contributes to functional impairments or limitations to the student's housing needs.

What type of housing accommodation (s) does the student need?

Does the disability prevent the student from living with a roommate (s) Yes No

If yes, please explain.

Signature of Health Professional

Date

Credential License # of Health Professional

Name and address of Health Professional (please print)

Phone:

Fax:

Please Return to:

Office of Disability Services/Strom Thurmond Building
Charleston Southern University
9200 University Boulevard
Charleston, SC 29423
Phone: 843.863.7159
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