

Special Housing Accommodations/ Housing Policy Exemption Supporting Information

(To be completed by appropriate professional and updated annually).

OFFICE USE ONLY
BLDG/ROOM
ROOM TYPE
DATE RECEIVED
TERM: FA/SP YR

Client/Patient's Name:	
Release of Information	
I,, here Valparaiso University staff for the purpose of determin	eby authorize the exchange and release of the information below to ing my eligibility for special housing accommodations.
Student's signature	 Date
based on a medical or psychological need. To determine	ing accommodations or a housing exemption from Valparaiso Universine if the individual is eligible for this request, the University requires ed by a Licensed Health Care Provider or appropriate professional
1. Diagnosis and date of diagnosis.	
 List current medications, therapy, or treatments t of effectiveness. 	he student is currently using to control symptoms and current degre
3. List symptoms of condition and severity.	
Symptom of Condition	Severity of Symptom

	Symptom	Outcome
_		
	odations that may assist the student in do nodation and current symptom. Include a	
	ts or information that you feel the comm	ittee should be aware in terms of the o
condition or need?		
nsed Health Care Provider's Signat	ture	Date
nsed Health Care Provider's Signat	ture	Date
		Date
		Date
ensed Health Care Provider's Signat It Licensed Health Care Provider's I		Date

List any factors in the student's living environment that impact the severity of the symptoms experienced and expected