

HOUSING & DINING ACCOMMODATION DOCUMENTATION GUIDELINES

Student/Patient Full Name: _____

Contact Phone: _____

Accommodation(s) Requested: _____

The above named student is requesting a housing and/or dining accommodation to alleviate one or more documented symptoms related to a disability. To better understand the **need for the accommodation in order to provide the student equal opportunity to use and enjoy campus housing/dining**, please provide a typed letter on official letterhead that includes and demonstrates the following required information:

- a. The Licensed Health Care Provider's name, credentials, contact information, and dated signature
- b. The student has a disability, as defined by the Americans with Disabilities Act and its associated symptoms, including the major life activity(ies) the disability impacts in a housing/dining environment
- c. The necessity for the accommodation in order to provide the student equal opportunity to use and enjoy campus housing/dining
- d. A clear explanation of the nexus, or relationship, between the assistance the accommodation(s) provides and the documented disability –specifically, how will the accommodation mitigate the symptoms presented by the disability

ADDITIONAL INFORMATION (not required but recommended):

- Are you the primary health care provider treating this student for the disability diagnosis directly related to the accommodation request? If so, how long have you been working with the student regarding this diagnosis?
- Does the student require ongoing treatment?

CONTACT INFORMATION FOR DOCUMENTATION SUBMISSION:

Email: learningsupport@ccad.edu

Fax: 614.437.7261

Mailing Address: Learning Support, 60 Cleveland Avenue Columbus, OH 43215