



Disability Center

University of Missouri

Housing Accommodation Request Documentation Addendum Form

The Disability Center at the University of Missouri-Columbia is charged with determining students' eligibility for accommodations under the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973. Eligibility for accommodations is determined on a case-by-case basis.

The purpose of this form is to assist medical providers documenting a student's relevant disability information for determining eligibility for housing accommodations. **Note:** This specific form, in conjunction with the **Disability Verification Form** serves as one option for providing disability documentation. Other examples of documentation include a physician's letter on official letterhead or a diagnostic report.

This form should be:

- **Completed by a qualified professional.** These professionals generally are trained, certified, or licensed to diagnose and/or treat medical conditions, such as psychiatrists, social workers, therapists, medical doctors, and speech-language pathologists. The diagnosing professional should not be related to the student.
- **Completed as thoroughly as possible.** Incomplete information, inadequate responses, or illegible handwriting may delay the accommodation review process. The information listed within this form should reflect the most up-to-date information about the student.
- **Supplemented with any additional documents or information you feel would be relevant in determining the student's eligibility for accommodations.**
- **Submitted to the Disability Center** where it will be held securely and confidentially in the student's file. Please note that the information provided in this form may be shared or released to the student upon request.

To return this form, you may mail, fax, or email it to:

Disability Center

University of Missouri S5 Memorial Union Columbia, MO, 65211

Email: disabilitycenter@missouri.edu

Fax: (573) 884-5002

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Student Name (First and Last)

Date of Birth

Student University ID# (if known)

Additional Questions Regarding Housing Accommodations

Please describe how the disability interferes with one or more major life activities as would be encountered living in the residence halls.

What specific housing accommodations are you recommending?
Please provide a rationale for each accommodation in addition to indicating if an accommodation is *medically necessary* or *preferred but not medical necessity*.

If you are recommending a single room, please indicate whether and how there are any risk associated with isolation.

What are some possible alternatives if meeting your recommendation is not possible?

Qualified Professional Information

Provider Name (Print)

Title

License or Certification #

Address

Phone

Fax

Provider Signature

Date