



**Special Housing Accommodations / Housing Policy Exemption  
Supporting Information**

(To be completed by appropriate professional.)

Client/Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information**

I, \_\_\_\_\_, hereby authorize the exchange and release of the information below to Valparaiso University staff for the purpose of determining my eligibility for special housing accommodations.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

The individual listed above has requested special housing accommodations or a housing exemption from Valparaiso University based on a medical or psychological need. To determine if the individual is eligible for this request, the University requires current comprehensive documentation to be completed by a Licensed Health Care Provider or appropriate professional familiar with the student's condition and history.

**1. Diagnosis and date of diagnosis.**

**2. List current medications, therapy, or treatments the student is currently using to control symptoms and current degree of effectiveness.**

**3. List symptoms of condition and severity.**

Symptom of Condition	Severity of Symptom

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

Living Environment Factor	Symptom	Outcome

5. Please suggest any living accommodations that may assist the student in dealing with symptoms. Indicate the relationship between the accommodation and current symptom. Include a statement of the level of need for the accommodation.

6. Are there any additional comments or information that you feel the committee should be aware in terms of the outlined condition or need?

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\_\_\_\_\_  
**Licensed Health Care Provider's Signature**

\_\_\_\_\_  
**Date**

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**Print Licensed Health Care Provider's Name and Title**

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**Address**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**E-mail**