

Authorization to Receive Health Care Information

Fill out and sign the Authorization to Receive Health Care Information below. This provides the university permission to speak with your healthcare provider if we have questions relating to his/her recommendation for accommodation(s). Then have the Healthcare Provide return the requested documentation to you or have them, fax, email or mail the information to the Office of Residence Life.

Student Name (please print): _____

Date of Birth: _____

Legal Sex: Male Female Nonbinary

Home Address: _____

Campus Address (if applicable): _____

Phone: _____ E-Mail Address: _____

I have registered with the Office of Disability Services and/or the Center for Health & Counseling on campus: Yes No

I authorize the Office for Residence Life to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Office for Residence Life.

Name of Provider: _____

Address (Street, City, State, and Zip):

Student's Signature: _____ Date: _____

Medical/Health Care Provider Information

To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's condition from a licensed medical professional or healthcare provider that is familiar with the history and functional limitations of the student's condition(s). The provider this information **cannot** be a relative of the student and should have been seeing the student for at least six months. The provider must provide a report on letterhead with the following information. Documentation that does not address all the items will be returned to the student without a decision.

- 1) What is your current medical condition/diagnosis?
- 2) What is the date of the most recent evaluation?
- 3) How long have you been working with the student regarding this diagnosis or impairment?
- 4) How long has the student had this condition?
- 5) Please describe the symptoms related to the medical condition and relate the symptoms to the housing accommodations requested: (i.e., single, or private room, suite-style housing, private bathroom, release from housing, etc.)
- 6) Does the student have a disability as a result of this condition? If yes, please state specific recommendations regarding housing accommodations for this student and a rationale as to why these housing accommodations are warranted. Indicate why the housing accommodations you recommend are necessary (e.g., if you request a personal bathroom, state the reasons for this request related to the student's disability).
- 7) Please describe how the housing configuration sought is the only way for the student to have access to residential housing.

The above documentation can be attached to the Special Accommodation Request form, faxed, emailed, or mailed to the Department of Residence Life at Southeast Missouri State University.

Fax: (573) 651-2557

Email: orl@semo.edu

Mail: Administrative Operations Coordinator
One University Plaza, MS 0055
Cape Girardeau, MO 63701