



STUDENT ACCESSIBILITY SERVICES
ST. CLOUD STATE UNIVERSITY

Centennial Hall 202, 720 4th Avenue South, St. Cloud, MN 56301-4498
Phone: (320) 308-4080 FAX: (320) 308-5100
sas@stcloudstate.edu

Accommodation Request Documentation Form

The information provided on this form will be used as part of the interactive process to evaluate a student's request and eligibility for reasonable accommodations at St. Cloud State University. Students with disabilities are ensured equal opportunity under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 and other civil rights legislations. The provision of reasonable accommodations is determined on a case-by-case basis through review of multiple documentation sources including but not limited to: student report, medical documentation, staff observations, policy/requirements, etc. While documentation provided by a qualified practitioner is important in the determination of reasonable accommodations, Student Accessibility Services is ultimately responsible for all student accommodation decisions at St. Cloud State University.

Section I. Student Information *(completed by student)*

Student's Name: _____

Student's SCSU Email: _____ SCSU ID# _____

Date of Birth: _____ Student's Phone: _____

Student Address: _____

What type of accommodations are you requesting? (check all that apply)

- Housing Dietary Academic

Consent to Release Information

In order for the University to make an informed determination of my eligibility and entitlement to a reasonable accommodation, I authorize:

- Student Accessibility Services to receive pertinent disability related information from the licensed healthcare practitioner identified below
- My provider to discuss my condition(s) and disability related impacts with Student Accessibility Services.
- Student Accessibility Services to discuss my disability related needs with the Director of Residential Life and appropriate Residential Life representatives.

Name of Provider: _____

Provider Phone Number: _____ Provider Email: _____

Student Signature: _____ Today's Date: _____



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Section II. Provider Questionnaire *(completed by qualified professional)*

Accommodations are available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”

Examples of major life activities: major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

Based on this definition noted above, does the individual you are treating have a disability?

- Yes No not able to answer

Information About the Student’s Disability

1. What is/are the student’s medical condition/diagnosis?

2. What is the severity of the condition(s)?

3. Describe any medications/treatments that may have adverse side effects and significantly limit students functioning.

4. Did you diagnose the above-mentioned condition(s)? Yes No

5. Is your principal clinical relationship to the student associated with the diagnoses and/or treatment of the disabling condition for which the student bases the request? Yes No

6. What is the anticipated duration of the medical condition(s)/disability above?
 Permanent/Chronic: 6 months+ Temporary/Short-term: less than 6 months Episodic



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7. Below is a list of major life activities that could be impacted, please identify all that apply and provide explanation of the student's limitations due to disability.

Activities of Daily Living *functional limitation* _____

Ambulation *functional limitation* _____

Breathing/Respiratory *functional limitation* _____

Climate/Environment *functional limitation* _____

Communication/Social *functional limitation* _____

Eating *functional limitation* _____

Endurance *functional limitation* _____

Manual Dexterity *functional limitation* _____

Motor Coordination *functional limitation* _____

Operations of bodily function *functional limitation* _____

Self-Care *functional limitation* _____

Sleeping *functional limitation* _____

Speaking *functional limitation* _____

Stress Management *functional limitation* _____

Other: _____



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Housing Accommodations (required only if student is requesting housing accommodations)

8. Please describe how the student's condition and functional limitations might impact them in college residence.
9. If the student's condition results in disability that may impact housing, please share specific recommendations and rationale regarding housing accommodations you believe are necessary for access and enjoyment of their dwelling.
10. Please share any additional information you believe is important regarding this student's housing needs.

Allergy Information (required only if student is requesting accommodations related to severe allergy)

11. Did you diagnose the above-mentioned allergy(s)? Yes No
12. Please list student's food or environmental allergies, impacts, and severity.
13. What accommodations, if any, do you recommend and deem necessary for this student's access?
14. Please share any additional information you believe is important regarding this student's allergy(s).



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Section III. Provider Contact Information

Please provide contact information, sign and date this questionnaire (below), and return it to Student Accessibility Services via Fax at (320) 308-5100 or sas@stcloudstate.edu.

Name: _____

Title: _____

License #: _____ Issuing State: _____

Clinic/Agency Name: _____ Phone: _____

Address: _____

Fax: _____ Email: _____

Please feel free to provide clinic stamp below:

Professional Signature: _____ Date: _____

Thank you for providing the requested information. If additional information is needed to support an accommodation decision, we may contact you at a later date. All recommendations are considered. Decisions are made based on the nature of the disability and functional limitations and reasonableness of the request. Potentially effective alternatives may be considered as needed.