



To consider this student's request for an accommodation in the residence halls due to disability, Rollins requires documentation by a licensed health care provider who is **qualified to diagnose the disability**. Please complete all sections of this form.

Student Name: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_

Describe the diagnostic criteria or test used: \_\_\_\_\_

Identify how long the student has been under your care for the condition: \_\_\_\_\_

State the expected duration of the condition: \_\_\_\_\_

Identify all major life activities affected by the diagnosis and describe the severity of the student's functional limitations resulting from the disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide suggested accommodations and state in what way the requested accommodations will serve to create an equitable educational experience for the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This section must be completed for this form to be valid:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_      Speciality: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License/Certification # and State of License: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_