

Disability Resources for Students

110 Wilder Tower

Memphis, Tennessee 38152-3520

Office: 901.678.2880 VOICE/TTY Fax: 901.678.3070

www.memphis.edu

REQUEST FOR INFORMATION

To be filled out by Medical or Health Care Provider Please type your answers directly into this form.

When the form is completed, please print and sign it. The completed and signed form can be sent directly from the professional practitioner to Disability Resources for Students (DRS) by fax to 901-678-3070 or email to drs@memphis.edu, or it can be given to the student to submit to DRS.

| Student's Name: | Date of Birth: |
|---|--|
| The above-named student has indicated that you are t | he professional (physician, psychiatrist, social |
| worker, mental health worker) who is familiar with her | r/his condition. This student is requesting a single |
| room in the residence halls because of a psychological, | /medical condition. So that we may better |
| evaluate the request for this accommodation, please a | inswer the following questions: |
| Information About the Student's Disability | |
| (A person with a disability is defined as someone who h | nas "a physical or mental impairment that |
| substantially limits one or more major life activities.") | |
| What is the diagnosed condition(s)? | |
| What is the nature of the student's mental health impastudent substantially limited?) | airment/medical condition (that is, how is the |
| Does the student require ongoing treatment? | |
| How long have you been working with the student reg | arding this mental health/medical diagnosis? |
| Information About the Requested Accommodation | |
| Please describe the recommended living environment. | |
| <u> </u> | |

| Please describe why this particular environment is needed based on the severity and symptoms of the student's condition. | |
|---|--|
| | |
| Is there evidence that a single room has helped this stud | lent in the past or currently? |
| Importance of Single Room to Student's Well-Being In your opinion, how important is it for the student's we Check all that may apply) | ll-being that they have a single room? (Please |
| A single room will be a benefit to the student becau | use of his/her condition. |
| There will be some manageable consequences if th having a single will be ideal. | e student does not get a single room, but |
| Because of the nature of the student's condition, I a single room will be manageable or not. It would lan issue. | |
| This student will not be able to function in the resid | dence halls if a single room is not provided. |
| What consequences, in terms of disability symptomolog approved? | y, may result if the accommodation is not |
| | |
| Thank you. We recognize that having a single room in the someone with a significant mental health disorder or more our housing arrangements make it necessary to carefully room on both the student and the campus community. | edical condition, but the practical limitations of |
| Contact information Name (Please Print): | Address: |
| Professional Signature: | |
| | |
| License #: | Email Address: |

Date:_____