



PROVIDER QUESTIONNAIRE FOR DISABILITY ACCOMMODATION HOUSING AND RESIDENCE LIFE

(Do not use this form to document the need for Emotional Support Animals)

Student's Name: _____ DOB _____

Phone: _____

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Disability Services for the next 60 days (about 2 months).

Student Signature: _____ Date _____

Dear Licensed Clinical Professional or Healthcare Provider:

The above-named student has requested that San Juan College consider providing an accommodation to provide equal access to housing. To properly evaluate the student's request, the Disability Services Office needs additional information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's diagnosed disability. We ask that you please complete this form in its entirety, providing complete answers to all questions. If you are unable to provide a response to a question, please indicate the reason. It is not necessary to submit



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1) Provide a description of the student's current diagnosis and disability-

