

For the major life activities marked to have a moderate or substantial impact, please provide an explanation of how the student's functioning is impacted in campus housing.

Please list any accommodations or modifications you are recommending to Alfred University's campus housing or policies. Describe how each recommended accommodation or modification will impact the student's symptoms and/or functioning.*

If applicable, please describe the relevant history of remediation (e.g., other treatment plans and their effectiveness).

**Accommodation recommendations will be considered in the interactive process. However, final accommodation decisions will be determined by Alfred University's Disability Housing Committee.*

HEALTHCARE PROVIDER INFORMATION

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974, and may be released to the student upon written request.

Provider Name & Credentials:

Phone #:

License or Certification #:

Address:

Provider Signature:

Date:

Please mail completed forms to:

The Center for Academic Success · Alfred University
1 Saxon Drive · Alfred, NY 14802
Phone: 607-871-2148 · Email: CAS@alfred.edu · Web: <https://my.alfred.edu/center-academic-success/>