

STUDENT DISABILITY & ACCESSIBILITY CENTER (SDAC)
Health & Wellness Services (Bldg. 80)
100 Campus Center, Seaside, California 93955-8001
Phone 831.582.3672 | Fax 831.582.4024 | TTY 831.582.5307
Email: sdac@csumb.edu
URL: <https://csumb.edu/sdac>

**DISABILITY VERIFICATION RELATING TO HOUSING ACCOMMODATIONS
FOR LICENSED MEDICAL PROVIDER, CLINICAL PSYCHOLOGIST, OR OTHER QUALIFIED STAFF.**

Please fill out and return this form to SDAC at the above address.

The student named below may be eligible for services offered through the Student Disability & Accessibility Center (SDAC). Please be assured that the information provided below will be used in confidence for the educational benefit of the student. If prescribing ONLY an Emotional Support Animal, please complete the SDAC Emotional Support Animal Request Form instead.

Definition of Disability: According to CSU Policy for the Provision of Accommodations and Support Services to Students with Disabilities, a disability shall mean a physical or mental impairment of an individual that limits one or more of the major life activities and requires either a record of such an impairment, or documentation of having been regarded as having such an impairment. A limitation can include a notable, significant, or meaningful difference to the manner in which the individual engages in a major life activity, the duration for which they can engage in the activity, or the frequency, which they can engage in the activity. Major life activities can include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, learning, communicating, working, and functioning of major bodily systems.

Student Name: _____

Date of Birth: _____

Date of Assessment: _____ Date of last office visit: _____

1. Please describe the functional limitations of this student's disability and how this will impact the student's participation in campus housing. Please understand, CSUMB housing is a shared living environment and students are expected to uphold Community Standards. These are outlined at <https://csumb.edu/housing/student-housing-residential-life-community-standards>:

2. Onset of condition:

3. How long do you anticipate that the student will be impacted by the specific disability?

6 months

1 year

Permanent/Chronic

4. What exacerbates the specific disability the student has?

5. If a specific housing accommodation is recommended, please describe how this accommodation would reduce the impact of the student's functional limitations:

6. Please describe any risks to the student or others of the requested accommodation:

7. Are there other ways to meet the student's needs that may allow full participation in the University residential/roommate experience?

Signature of Professional _____ Date: _____

Name (Printed) _____ License #: _____

Title/Specialty: _____

Company: _____

Address: _____

Street

City

State

Zip Code

Phone: _____

Please return this form to our office as soon as possible so this student's request may be considered. If you have any questions, please call (831) 582-3672. We invite you to add any documents from your files, which would further describe their current disability.