



Supplemental Form: Campus Life and Housing (to be filled by the health care provider)

The purpose of this form is to allow an MSU student's/employee's licensed health care provider to share relevant information to substantiate that the student/employee has a disability as defined by the [University's Disability & Reasonable Accommodation Policy](#) and the [Americans with Disabilities Act](#). The University's policy and the ADA define a disability as a physical or mental, impairment that substantially limits one or more major life activities.

This form must be completed by a licensed health care provider. This form is not valid if completed by the student/employee requesting accommodations, by the student/employee's family member, or if the form was completed using generative AI.

RCPD's [Documentation Guidelines](#) provide additional information about documentation that may be submitted to establish that the student/employee has a disability. Additional documentation may be requested if the completed form does not provide sufficient information to establish that the student/employee has a disability.

Provider Information

The student/employee's health care provider or the student/employee may submit documentation via:

- Email to RCPD.Docs@msu.edu
- Fax to RCPD at 517-432-3191
- Drop off or mail to RCPD Bessey Hall: 434 Farm Lane, Suite 120 East Lansing, MI 48824-1033

Provider name:

Specialty:

License number & type:

Practice name:

Contact Information:

Address:

Phone/Fax:

Signature:

Co-Signature:

Date:

Student/Employee Information

Name:

DOB:

MSU Email:

Diagnosis and Duration

If the diagnosis is in process or provisional, please provide as much information as possible throughout this form.

Primary diagnosis (Most impactful to student/employee, if applicable. Please include DSM/ICD code):

Date of diagnosis:

Permanent ☐ Temporary ☐ If temporary expected duration

Additional diagnoses (please include DSM/ICD codes):

Dates of additional diagnoses:

Permanent ☐ Temporary ☐ If temporary expected duration

Diagnostic tools: How did you arrive at your diagnosis/diagnoses?

- ☐ Interview with client
- ☐ Behavioral observations
- ☐ Medical history
- ☐ Psychoeducational - psychological and/or neuropsychological testing
- ☐ Developmental history
- ☐ Self-rated or interviewer-rated scales



Impacts & Accommodation Information

The purpose of accommodations is to eliminate institutional barriers in a university setting, so residents have equal access to their education, programs, and services. For housing accommodations, start the process as soon as possible, **but at least 45 days prior to move-in or when the accommodation is needed**. [See RCPD's Housing Accommodations page for more information.](#)

1. Date of client's last appointment:
2. How often does the client receive treatment?
3. Relative to the student/employee's diagnosis, please describe which accommodation(s) may remove the barriers to living on campus. In the educational context, barriers may be created by living in a residence hall, dining plans, campus commuting, parking, social engagement in housing, etc.

☐ Housing

- ☐ Single room/number of roommates
- ☐ Barrier free
- ☐ Bathroom requirement
- ☐ Other (furniture, bed shaker alarm, allergies, etc.):

☐ Air conditioning

☐ Dining

☐ Assistance Animal (Emotional Support Animal)

☐ Parking

☐ Commuting/traveling across campus

☐ Other:

4. How do the requested accommodations reduce or alleviate current impacts and provide access to the student/employee? Include the relationship or nexus between the individual's condition and the outcome provided by each requested accommodation. **Please provide an explanation for each box checked in question 3.**

Assistance Animal Request Only

1. How does the requested accommodations reduce or alleviate current impacts and provide access to the student/employee? Include the relationship or nexus between the individual's condition and the outcome provided an assistance animal in the dorms.
2. What animal is being requested?
3. How long has the animal been a part of the treatment plan?

For unique animals only: if the animal is not a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure rather than for commercial purposes, please provide the following information. RCPD will assess the health and safety implications for unique animals.

1. What are the unique circumstances justifying the individual's need for the particular animal or particular type of animal?
2. Do you have reliable information about the animal and whether you specifically recommend this type of animal?