

# Residence Life Office

## Documentation of Medical and/or Psychological Conditions



Residential living is central to the learning environment for all Cornell College students. Virtually all student needs can be met through the standard room selection process and the standard meal plan options. However, students with conditions whose needs cannot be met through this process may request special housing or meal plan consideration. The student should complete the top part of this form and then work with a licensed health care professional qualified in the diagnosis and treatment of the condition to provide the remaining information. *The health care professional may not be related to the student.* Complete details of the process for requesting special consideration can be found at <http://www.cornellcollege.edu/residence-life/housing/accommodations.shtml>. The process outlined here is specifically for considerations related to housing and/or meal plans. Students wishing to explore academic considerations should refer to the information provided by the Office of Academic Support & Advising (<http://www.cornellcollege.edu/academic-support-and-advising/disabilities/index.shtml>) for documentation guidelines and expectations.

### ***To be completed by the student***

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

I am (please check one):       a current Cornell student       an incoming new or transfer student

I request that the following information from my health care professional be used as documentation of my request for special consideration. I understand that this documentation may be reviewed by and discussed with members of the Housing Assignments Committee as appropriate (committee members are detailed on the website above).

Furthermore, I give my consent for any member of the Housing Assignments Committee to contact my health care professional for additional information as needed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***To be completed by the health care professional***

To determine eligibility for housing and/or meal plan considerations, the Residence Life Office requires current and comprehensive documentation of the student's condition from the diagnosing licensed physician, psychiatrist, psychologist or other appropriate professional. Please provide the following information.

1. Provide a complete medical or DSM 5 diagnosis, date of diagnosis and last contact with student. If this condition is temporary, provide an anticipated duration.
  
  
  
  
  
  
  
  
  
  
2. Describe symptoms the student has that meet the criteria for this diagnosis.
  
  
  
  
  
  
  
  
  
  
3. Is the condition just described classified as a disability? (Please circle)    Yes    No    Unsure  
*Note: Cornell College will work to meet the needs of all students even if the condition is not a disability under the Fair Housing Act and/or Americans with Disabilities Act (under those acts, a disability is a physical or mental impairment which substantially limits one or more major life activities).*

4. Describe how this condition affects the student's academic performance and life functioning, specifically in relation to the student's housing and/or dining experience. If you indicated that this was a disability in item 3, be sure to explain which major life activities are limited.
  
5. List current treatments, including therapy, assistive devices and medication (include dosage, frequency, and adverse side effects).
  
6. What recommendations do you have regarding housing and/or meal plan assignments? Be sure to indicate if any of those recommendations are medically necessary.
  
7. How will these recommendations reduce the effects that this student's condition may have on academic performance and life functioning, specifically in relation to the student's housing and/or dining experience? How would not receiving these recommendations affect the student's life functioning?
  
8. Please include any other information that might help us work with this this student.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

<p><b>Provider's Clinic Stamp or License Number Here:</b></p>
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**Send to:**

Office of Residence Life  
 Cornell College  
 600 First Street West  
 Mount Vernon, IA 52314

(319) 895-4113 (phone)  
 (319) 895-5504 (fax)