



AMERICAN UNIVERSITY

WASHINGTON, DC

ACADEMIC SUPPORT AND ACCESS CENTER

**For Completion by a Qualified Professional (as relevant to the disability disclosed):**

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

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

Credentials: \_\_\_\_\_

Patient Name: \_\_\_\_\_

To determine eligibility for disability-related housing accommodations, American University requests current and comprehensive documentation of the student's condition from a licensed clinical professional or health care provider familiar with the history and functional impact of the student's condition(s). The provider giving the below information must not be a relative of the student or a friend of the student or student's family. Responses should be made on professional letterhead and submitted by fax, email, or mail.

1. A current diagnosis and history that form the basis of the request.
2. A discussion of the functional impact of the disability and how it relates to living in a residential hall environment.
3. A discussion of any current treatment or medications used by the student or recommended by the provider.
4. A description of any substantial medication side effects, if relevant.
5. A description of the recommended housing configuration and explanation of its necessity.
6. An indication of the level of need for the recommended configuration and the consequences of not receiving it and how such denial will impact access.
7. A description of possible alternatives if the recommended configuration is not available.

Please direct any documentation or questions to:

American University  
Academic Support and Access Center  
Mary Graydon Center, Room 243  
4400 Massachusetts Avenue NW  
Washington, DC 20016-8027  
202-885-3360 (phone)  
202-885-1042 (fax)  
[asac@american.edu](mailto:asac@american.edu)