Health Care Provider

accommoations for this student?	s surrounding this conc	lition that would help us make an appropriate decision regarding
Please attach any additional information you feel will be helpful to us in assisting the student with his/her request for consideration of modification to housing or dining options.		
ature of Professional/Provider		Date
nse #		State
se Type/Print the Following:		
e/Title:		
phone ()	Fax ()
-		ervices or Counseling & Psychological Services may need to to contact you:
ired/allowed by FERPA. It will be a ss to this document, and copies of the statement of the	destroyed seven years a this document, but you	mission from the student, except in cases of disclosure as after the student is no longer enrolled. FERPA allows the student may specify that this access be given only after meeting with a
		g with qualified professional
**		Date Student Notified Date Student Notified
Signature:		
Appeal Approved 🔲 Appeal Deni	ed Date	Date Student Notified
	ideration of modification to housi ature of Professional/Provider	ideration of modification to housing or dining options. ature of Professional/Provider

Modified Housing/Dining Healthcare Provider Form Updated 1/22/2021