



Jacksonville University
Residential Life
2800 University Blvd. N.
Jacksonville, FL 32211
Phone: (904) 256-7538 – Email: housing@ju.edu

Documentation Guidelines

To be eligible for accommodations in Residential Life, a student must satisfy the definition of a disability as established by the Americans with Disabilities Act of 1973.

Section 504 defines a disability as a condition which substantially limits one or more major life activities such as learning, walking, seeing, hearing, breathing, caring for oneself, and working.

To be eligible for accommodations, a student must provide appropriate documentation of each disability that demonstrates an accompanying substantial limitation to one or more major life activities.

The student with a disability must provide the following form filled out in its entirety by a licensed professional in the field concerning the specific diagnosis, expected limitations



Documentation Guidelines for Housing Disability & Medical Accommodations

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1. Diagnosis/Impairment:

2. Diagnostic Codes (if applicable):

3. Date of Diagnosis:

4. Duration of disability/impairment (select all that apply):

Permanent: Level of severity: Minor Moderate Severe Extreme

Temporary: Expected date of recovery: _____ Months/Weeks/Year(s) Temporary: Expected date of recovery: _____ Months/Weeks/Year(s)

7. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

8. Please check below the major college life activities and academic functions listed below that are affected by the disability/impairment in a college setting, indicating the level of limitation. Select ALL that apply

Life Activity	Negligible	Moderate	
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9. Please indicate your recommendations regarding housing accommodations and explain the need for these accommodations based on the diagnosed condition.

10. Please indicate how did you determine these recommendations? Check all that apply:

Students or parent request for the accommodation

Clinical assessment to determine the need for an accommodation

Mutual agreement determined through discussion between the clinician and student Meets the definition of a disability* as defined by the Americans with Disabilities Act & Section 504 of the Rehabilitation Act of 1973. *Impairment that substantially limits a major life activity.

Other:

Professional Credentials:

Student's Name:	
Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number: Form is not valid without Medical License #	
Contact Information:	

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Phone: (904) 25-2(ne:)3(90)-12 612 792 reW* nd7.99 126.86 Tm0 (J)TJET@EMC 12 i624 Tm0