



Disability Access Services  
 P.O. Box 30001, MSC 4149  
 Las Cruces, NM 88003-88001  
 Phone: (575) 646-6840  
 Fax: (575) 646-5222

**New Mexico State University  
 Disability Access Services (DAS)**

Diagnosis Verification Form for Housing Accommodations Requests

Student Name: \_\_\_\_\_ Aggie ID: \_\_\_\_\_

The above-named student has informed New Mexico State University (NMSU) that their disability/impairment prevents them from having equal access in the campus housing facilities. In order to make a determination for reasonable housing accommodations, DAS needs documentation from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability/impairment. We request receiving sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. Please complete all questions on this form and provide any documentation needed to make an accommodation determination. Recommendations for accommodation(s) are helpful and will be given due consideration.

Provide a diagnosis of the condition or a brief description of the disability or impairment:

\_\_\_\_\_

Condition:  Permanent  Temporary until \_\_\_\_\_ Severity:  Mild  Moderate  Severe  Partial remission

When did you first see the student for the condition: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Are you still the student's current provider? \_\_\_\_\_ Frequency of appointments: \_\_\_\_\_

What specific major life activities or functioning does the condition impact that requires an accommodation in campus housing?

\_\_\_\_\_  
 \_\_\_\_\_

What specific recommendations do you have for housing accommodations that should be provided due to the student's disability/impairment?

\_\_\_\_\_  
 \_\_\_\_\_

How will these recommended accommodations mitigate the barriers and impact they are experiencing due to their disability/impairment :

\_\_\_\_\_  
 \_\_\_\_\_

If you are recommending an exemption for mandatory on-campus housing, an exemption from a meal plan, or a termination of an existing housing contract, please provide clear justification how the exemption or early release of the student's housing contract is necessary as a reasonable accommodation. Please be clear as to the relationship between the disability and the request?

\_\_\_\_\_  
 \_\_\_\_\_

For what period of time do you suggest the reasonable accommodation(s) be made?

\_\_\_\_\_

**Certifying Clinician/Licensed Practitioner:**

Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_ License number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_