



# Northeastern University

## Request for Health-Related Housing Accommodation:

### Student authorization to clinician

\*For students requesting an air conditioner, carpet-free room or personal furniture only. Students making other requests should see [www.northeastern.edu/drc](http://www.northeastern.edu/drc)

Dear: \_\_\_\_\_ ,  
(Name of Clinician)

I am requesting the following specific housing arrangement/alteration in my residence hall at Northeastern University:

air conditioner     carpet-free room     personal furniture (mattress)

In order to be considered for this health-related specific housing arrangement, I must submit the Health-Related Housing Accommodation Form, completed by my treating clinician. The form is attached.

I hereby authorize you to complete the attached form and release it to the DRC  
 I also authorize you to speak with DRC staff to provide consultation concerning the requested health-related housing arrangement.

Please submit the completed form to our office  
By email: **DRCdocumentation@northeastern.edu**

By mail: Dodge Hall 20  
Northeastern University  
360 Huntington Avenue  
Boston, MA 02115

By confidential fax: 617-373-7800

Thank you for your timely assistance with this matter.

Sincerely,

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
NUID#

# Housing Accommodation Request Form

*\*For students requesting an air conditioner, carpet-free room or personal furniture only.*

*Students making other requests should see [www.northeastern.edu/drc](http://www.northeastern.edu/drc)*

*This form is to be filled out by the student's current treating clinician*

1. Patient's/Client's name: \_\_\_\_\_

2. Diagnosis: \_\_\_\_\_

3. Please provide full DSM or ICD-10 code: \_\_\_\_\_

4. Initial date of diagnosis: \_\_\_\_\_ Date of last clinical contact: \_\_\_\_\_

5. What is the frequency of the disorder's symptoms for this student?

ongoing       episodic (Please indicate frequency and duration below)

6. The extent of the impairment is:       Mild       Moderate       Severe

7. Please explain why the student's health-related condition requires the housing accommodation he/she indicated on the cover sheet.

## 8. Certification

Clinician's name: \_\_\_\_\_

Clinician's state licensure/certification #: \_\_\_\_\_

Area of specialty: \_\_\_\_\_ Clinician's phone #: \_\_\_\_\_

\_\_\_\_\_  
Clinician's signature

\_\_\_\_\_  
Date