



**Housing Accommodation Request  
Medical Care Provider Form**

Date: \_\_\_\_\_

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

Doctor/Medical Care Provider's Name: \_\_\_\_\_

Signature of Doctor/Medical Care Provider: \_\_\_\_\_

To determine eligibility for special housing considerations, current and comprehensive documentation is required. It should be submitted on professional letterhead.

Please answer the following questions **(please complete on letterhead)**:

1. Specific Diagnosis
2. Date of diagnosis and last contact with student
3. Medical history that is the basis of the request
4. Statement as to the activities limited by the condition and the level of severity – please include current treatment, medication, and/or other mitigating factors
5. Medical recommendations regarding accommodations for this student in a college residence hall. Recommendations must be supported by the diagnosis listed in question 1.

Documentation will be kept in a confidential file available only to members of the Housing Accommodations Selection Committee. The committee's decisions will be announced shortly after the deadline for each semester and students will be notified in writing.

Please contact The Office of Housing and Residential Life at 617-989-4160 with any questions.

**Please return this information to:**  
**The Office of Wellness and Disability Services**  
**Wentworth Institute of Technology**  
**550 Huntington Ave**  
**Boston, MA 02115**  
**Fax: 617-989-4571**