



Request for Housing Disability Accommodation - Qualified Healthcare Professional

Student Name: _____ P#:P00 _____

- 1. Do you have an established professional relationship with the student to provide health care or disability-related services? **Please circle one. Yes No**

- 2. Does this individual have a physical or mental impairment that substantially limits one or more life activities? _____

- 3. Please describe the housing accommodations that you are recommending based on functional limitation(s) of the student’s specific disability.

- 4. Emotional Support Animals (ESA) are not pets but instead provide therapeutic emotional support to alleviate symptoms or the impact of the student’s disability. If you are recommending an ESA, please identify the type of animal and explain the nexus between the disability and the type of ESA as it relates to residence life.
Please circle one. Dog Cat Other: _____

QUALIFIED HEALTHCARE PROFESSIONAL

Name (print): _____ Date: _____
 Signature: _____
 License Number: _____ Phone Number: _____
 Address: _____
 Email Address: _____

The information provided will be reviewed by the Office for Disability Services. Accommodation decisions will be made in accordance with the policies of Lamar State College Port Arthur, the American with Disabilities Act, and/ or the Fair Housing Act.

For more information, contact the Office for Disability Services.

In lieu of this form, a letter from a qualified healthcare provider will be considered.

Return form by Email or In Person to:

Office for Disability Services
 Laurie Marcantel, Coordinator
Email: marcantella@lamarpa.edu
Phone: 409-984-6241
Location: Student Success Center (SSC) Room 117