



Disability Services Request for Information

General Information

Printed Name		Student ID	
Student Signature		Student Email	
Date		Student Phone #	

Review/Approval Process:

1. Student completes their section of this form, including the additional information section on the type of accommodation requested.
2. Students then provides this form to their healthcare provider.
3. The healthcare provider completes and submits this form to BHSU Disability Services (*fax and email contact information provided on page 3 of this form*).
4. Once the form has been submitted and received, the student needs to schedule an appointment with BHSU Disability Services to discuss their potential accommodation.
5. When appealing the BOR live-on requirement the student will also submit a housing appeal form located on the Residence Life Webpage.

STUDENT, please sign this form before providing it to your healthcare provider to complete. By signing above, I consent to allow my health care provider to share relevant information concerning my need for reasonable accommodations with personnel from *Black Hills State University, Disability Services (Jennifer Lucero)* for 60 days from the date signed.

Type of Accommodation Requested (Please mark all that apply and describe below)

<input type="checkbox"/>	Campus Housing Accommodation	<input type="checkbox"/>	Medical/Physical Needs Allowance	<input type="checkbox"/>	Assistive Technology
<input type="checkbox"/>	Auxiliary Aids	<input type="checkbox"/>	Other Accommodations		
(additional information)					

Information from Your Healthcare Provider

To better evaluate the request for this accommodation, please answer the following questions concerning the student's disability:

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. What is the type and nature of the student's impairment (that is, what is it, and how is the student **substantially limited**)?

How does this disability diagnosed above **specifically impact** the student's academics and/or housing situation?

When did you first meet with the student regarding their impairment/diagnosis?

Please describe the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?

When did you last interact with the student regarding their impairment/diagnosis?

How often have you seen the student (or plan to see the student) for further counseling/treatment?

What specific accommodation or modification do you prescribe to alleviate the symptoms associated with the diagnosed disability described above?

Example: different mattresses, bed shakers, air conditioning, release from housing requirement, single room, private bath, first-floor room, etc.

What specific symptoms is this student experiencing, and how does the requested accommodation mitigate those symptoms?

Note: General assessments are typically insufficient. For example, a statement that "Living off campus will lessen anxiety" is too general and does not explain HOW the accommodation may alleviate the symptoms of this student's disability.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

We recognize that accommodations in the classroom or residence hall can benefit someone with a significant impairment/health disorder, but the practical limitations of our classroom space and housing arrangements require careful consideration of the request's impact on both the student and the campus community.

Please provide contact information, sign, and date this questionnaire, and return it to the following along with a professional business card:

Black Hills State University Disability Services
Black Hills State University
1200 University St. Unit 9078
Spearfish, SD, USA 57799-9078

Jennifer Lucero
Office of Disability Services Coordinator
Jennifer.Lucero@BHSU.edu
Phone: 605.642.6099
Fax: 605.642.6478

Health Care Provider Information

Printed Name		Phone Number	
Address		Email Address	
Signature		License Type	
Date		License #	