

DOCUMENTATION FOR ACCOMMODATION NEEDS



Housing and Residential Life
The University of Michigan-Flint
375 Harding Mott University Center
Flint, Michigan 48502-1950
Telephone: 810-237-6571
Website: [www. http://www.umflint.edu/housing/](http://www.umflint.edu/housing/)

STUDENT INFORMATION

Name: _____ UM ID Number: _____
(Last, First, M.I.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail Address: _____
(Include area code)

Certifying Professional (must specialize in the area of the condition or disability and not be a friend of the family or related to the student)

Name: _____

Specialty: _____ Phone Number: _____
(Include area code)

Address: _____

City: _____ State: _____ Zip Code: _____

License/Certification Number and State of Licensure: _____

Date of initial contact with student: _____ Last Contact: _____

Please give the diagnosis, functional limitation, recommendation regarding accommodation needs and your justification for this recommendation on your professional office stationery (no prescription pad paper please) and attach to this sheet.

Signature: _____ Date _____

Student: You are required to submit this form to Housing and Residential Life to document your accommodation request. Return completed form and attached statement with your application to:

Office of Housing and Residential Life
375 Harding Mott University Center
Flint, MI 48502-1950
Fax: 810-762-3362