



STUDENT AFFAIRS

**OFFICE OF RESIDENCE LIFE
Physician Verification Form**

Residence Life strives to ensure an equitable, inclusive, and safe living environment for all residential MSM students. We hold that campus living is an important and invaluable social experience at MSM. In order to ensure that all students can participate in the campus residential experience, as fully as possible, we provide reasonable housing accommodations to students with disabilities.

REQUIRED DOCUMENTATION

Students requesting housing accommodations must turn in this Physician Verification Form along with the Medical Accommodation Form. The Physician Verification Form will serve as documentation from an appropriately licensed professional (e.g. physician, psychiatrist, psychologist, counselor, etc.) concerning the presence of a diagnosed disability and information on its medical and/or practical relevance to the requested accommodation (i.e., relative impact, severity of symptoms, degree of impairment Etc.).

Student Information

Date: _____ Student ID: _____

Name: _____

D.O.B.: _____

Certifying Professional Information

If you have questions regarding the nature of the information needed to complete this form, please call the Manhattan School of Music Office of Residence Life at 917.493.4035, Monday through Friday, 9am-5pm.

Name: _____ Date: _____

Professional Title:

License/Certification #: _____ Issuing State: _____

Date of original contact with student: _____

Date of last contact with student: _____

Diagnosis Information

Medical/Psychological Diagnosis: _____

Return to:

OFFICE OF RESIDENCE LIFE, Manhattan School of Music, 136 Claremont Ave, New York, NY, 10027

PLEASE DESCRIBE THE IMPACT OF THE ABOVE DIAGNOSIS, CONDITION, OR DISABILITY:

DESCRIBE HOW THE PATIENT'S LIVING ENVIRONMENT MAY IMPACT HIS/ HER/ THEIR DIAGNOSIS, CONDITION, OR DISABILITY:

PROFESSIONAL RECOMMENDATIONS FOR ACCOMMODATION:

Please provide a continuum of recommendations to help ameliorate, reduce, or address the boundaries or concerns indicated above. Please list any and all possible alternatives.

IF RECOMMENDING **OFF CAMPUS HOUSING**, PLEASE SPECIFY WHY YOU BELIEVE THE STUDENT'S NEEDS CANNOT BE ACCOMMODATED ON CAMPUS: