

Administration Bldg., Rm 110, One Washington Square, San Jose, CA 95192-0168 · v: (408) 924-6000 · aec-info@sjsu.edu

To Evaluator: The student listed below is requesting housing accommodations for SJSU's Housing. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information. **This form along with the [Medical](#) and/or [Mental Health](#) Verification Form must be submitted to the AEC.**

Please Note: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please note: Student medical records supplied to this office constitute "education records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

For general questions pertaining to this form, or to obtain clarification about the information requested, please contact the AEC at aec-info@sjsu.edu.

Verification requested for: _____

Student Name: (Last, First M.I.)

1. State the specific housing accommodation(s) that are being request:

2. Based on the student's diagnosis and disability-related limitations:

a. Are the requested accommodation(s) necessary or a preference? Yes No

b. Describe how the student's medical/mental health condition necessitates the need for the requested housing accommodation, as it relates to the student's disability:

3. Demonstrate how the specific room design and/or living environment will help to mitigate the student's limitations:

4. State whether, based on disability reasons, the specific housing request is a preference or a required accommodation:

Certifying Licensed Physician or Primary Health Care Provider qualified in the appropriate specialty area.

(Must be completed by a licensed practitioner)

Name: _____

(Last, First M.I.)

Medical Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

License Number: _____

Signature: _____ Date: _____

For general questions pertaining to information requested contact the Accessible Education Center at (408) 924-6000 or by email at aec-info@sjsu.edu.

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