

Verification of Disability/Chronic Health Condition

For the Purpose of Freshman Live-In Rule Waiver Consideration (FLIR)

As supported by research, living in the residence halls on campus is proven to increase the likelihood that students will continue their postsecondary education, receive a higher GPA, and find a supportive community at Washington State University (WSU). Therefore, the [Washington Administrative Code \(WAC\)](#) requires all single undergraduate freshmen under 20 years of age to live in organized living groups which are officially recognized by the university for one academic year.

The student named below has applied for consideration to be waived from WSU's Freshman Live-In Rule (FLIR). In order to determine eligibility, we require documentation of the student's disabling health condition as it relates to living in the residence halls. This documentation could address permanent disabilities, diseases or illnesses, other health problems that may be short- or long-lasting, injuries, and mental or emotional conditions.

Under the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under these laws, documentation must indicate "a physical or mental impairment that substantially limits one or more major life activities," including the ability to function in a postsecondary academic environment. A diagnosis of a disorder, in and of itself, does not automatically qualify an individual for eligibility to be waived from the housing requirements. Therefore, documentation must provide information about how the patient's functioning is limited and substantiate their request for a FLIR waiver. **All questions must be answered. Incomplete forms will not be considered.**

Section 1 – To be completed by Student.

Name (First and Last)		Student ID Number
Date of Birth	Phone Number	E-mail Address
Current/Permanent Address		

By signing below, I hereby authorize my medical provider to release the information contained in this form to the Washington State Access Center for the purposes of providing disability accommodations:

X	
Signature	Date

Please describe how the patient's functioning is substantially limited by their medical condition/disability. Please explain how these limitations are caused by the diagnosed condition (including medication side effects), and the major life activities affected for which living on campus would create a negative impact on the patient's health. Major life activities include, but are not limited to: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Specify whether you recommend this individual to live on or off campus. If off-campus living is recommended, please explain how the functional limitations resulting from their health condition are alleviated by living off campus as opposed to living on campus.

What accommodations, if any, would successfully address the limitations of the student's medical condition, and thereby allow the student to remain in the residential setting? (Examples include, but are not limited to: single room, private bathroom, central air conditioning, etc.)

Please provide your name, title, and professional credentials – including license, certification, or area of specialization, employment, and the state/province and country in which you practice.

Name (First and Last)

Professional Title

License Number

Name of Organization

Position Title

Business Address

Phone Number

Fax Number

E-mail Address

By signing below, you are certifying that you are not a family member of the student/patient named above, the clinical information provided was based on your current and comprehensive evaluation, and you have the professional training, background, and qualifications to provide the foregoing information:

X

Signature

Date
