



St. Thomas University

RESIDENCE LIFE

Professional Support Document

**ALL INFORMATION PROVIDED ON THIS FORM WILL BE KEPT
CONFIDENTIAL**

Name of Student

STU Student ID

Name of Certifying Professional

Name of Agency/Office:

Street Address

City / Province / Postal Code

Telephone

Email

In your professional opinion, please indicate why the above student requires specific accommodations in reference to their residence room assignment (i.e. single room, bathroom, etc) at St. Thomas University. Please provide us with as much detail as possible to assist us in accommodating the student's request.

PLEASE NOTE: We will do our best to accommodate student needs based on medical documentation provided.

I hereby declare that to the best of my knowledge, the above recommendations are based on this information.

Signature of Professional Supporter

Date

Please return completed form to:

Mail Residence Life – St. Thomas University
51 Dineen Drive, Fredericton, NB E3B 5G3

Email: residencelife@stu.ca **Fax:** 506-453-7219