



**Request for Disability Accommodation in University Housing**

All information obtained in diagnostic medical, psychological, and educational reports is used solely for the purpose of determining reasonable and appropriate accommodations. Information will be regarded as private and will not be released except in accordance with state and federal law.

Student's Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Date of Birth \_\_/\_\_/\_\_ Academic Year for Request \_\_\_\_\_

Current Class Status:  Freshman  Sophomore  Junior  Senior  Graduate  Other

Transfer Student  Yes  No

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Accommodation Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students requesting housing accommodations due to disability/medical needs must adhere to the following procedures:

1. Adhere to all of the policies, procedures and deadlines for applications set by the Director of Resident Life.
2. Register with the Academic Resource Center by completing the *Application for Accommodations*.
3. Have the appropriate *Verification for University Housing* form completed by a physician, psychiatrist, social worker, or mental health worker.

Student Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**For Staff Use Only**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Director, Academic Resource Center: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Resident Life: \_\_\_\_\_ Date: \_\_\_\_\_

Students will be notified of housing accommodations by the Director of Resident Life when all assignments have been formalized.