

CONFIDENTIAL ADA REASONABLE HOUSING ACCOMMODATION REQUEST FORM

Name: _____

Student ID: _____

Address: _____

Phone Number(s): _____

E-mail: _____

Please specify the disability you have for which you are requesting a housing accommodation.

What reasonable accommodation are you requesting at this time?

How long do you believe you will need this accommodation?

Please attach a physician's (or other appropriate health care provider) letter verifying your disability, explaining in detail the recommended **housing accommodation** and how the recommended **housing accommodation** is necessary based on your disability. This documentation should be typed or printed on letterhead, dated, signed and legible with the name, title and professional credentials of the evaluator or medical provider.

The Office of Housing & Residential Life staff will review your request, and you will be contacted to discuss your requested housing accommodation. All housing accommodations are determined on a case-by-case basis. Approved housing accommodations will be effective for one academic year only.

The above information is complete and accurate to the best of my knowledge and belief. This information will be maintained confidentially to the extent practicable under the circumstances.

Signature

Date

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF HOUSING & RESIDENTIAL LIFE

This section to be completed by Housing & Residential Life staff:

Date received _____ Received by _____

Accommodation process completed on _____ by (signature) _____

Attach description of final accommodation approved, if applicable; add all notes related to this request.