# ADA REASONABLE ACCOMMODATION REQUEST FORM

<table>
<thead>
<tr>
<th>Last Name</th>
<th>MI</th>
<th>First Name</th>
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<tr>
<th>UMD Student Number</th>
<th>UMD E-mail Address</th>
<th>Cell Phone #</th>
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<tr>
<th>Home Street Address</th>
<th>Home City/State/Zip</th>
<th>Home Phone #</th>
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**Please specify the disability you have for which you are requesting a housing accommodation:**

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**What reasonable accommodations are you requesting at this time?**

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**How long do you believe you will need this accommodation?**

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Please attach a physician's (or other appropriate health care provider's) 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 legibly printed on letterhead, dated, signed and include title and professional credentials of the evaluator or medical provider.

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.

Student Signature ___________________________ Date ____________

Parent Signature (for students under 18 yrs of age) ___________________________ Date ____________

**Administrative Use Only**

Date Received: _______________  Received By: ___________________________

Accommodations process completed on: ___________________________ by ___________________________ (signature)

Attach description of final approved accommodations and include all notes relating to this request.