



UMass

Dartmouth

OFFICE OF HOUSING AND RESIDENTIAL LIFE

# ADA REASONABLE ACCOMMODATION REQUEST FORM

_____	MI	_____	M	F
Last Name		First Name		
_____	_____	_____	_____	
UMD Student Number	UMD E-mail Address	Cell Phone #		
_____	_____	_____	_____	
Home Street Address	Home City/State/Zip	Home Phone #		

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What reasonable accommodations 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'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.