Disability-Related Housing Accommodation Request Form

Housing & Residence Life refers and forwards all medical or disability-related requests for housing accommodations to the Office of Accessibility Resources and Services (OARS). The information is kept confidential and is only used to evaluate accommodation requests.
In order to determine eligibility for your accommodation request, OARS requires specific information from both you and your healthcare professional.

To qualify, the student must complete the following steps:

1. Complete the housing application and pay the deposit.
2. Complete the OARS application and
3. Meet with your OARS advisor to discuss your needs
4. Provide the completed Qualified Professional Form below.

How Decisions Are Made:

Severity of the Condition

1. Is impact of the condition life threatening if the request is not met?
2. Is there a negative health impact that may be permanent if the request is not met?
3. Are room adaptations necessary for safe and/or independent occupancy?

Housing accommodations are approved on a case-by-case basis. If you would like to appeal the decision, please follow the process outlined here:
Disabilities Grievance Procedure

<div align="center">Qualified Professional Form</div>

Name:
DOB:

<div align="center">Medical/Mental Health Professional Documentation</div>

This section is to be completed by the student's physical or mental health care provider. History of presenting problem and current medical condition/diagnosis:

<div align="center">Expected duration of the condition (check one):</div>
<div align="center">Temporary ☐   Stable ☐</div>
<div align="center">Permanent ☐   Progressive ☐</div>

Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (i.e., walking, breathing, sleeping, seeing, hearing, learning, and socializing). Explain how would having a housing room accommodation lessen or alleviate the symptoms of disability (ies)?

Name of Professional:(Print) _____

Signature of Professional: _____

Date: _____

License Number: _____

State: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____