

Request for Housing Accommodations

The Offices of Disability Services and Housing and Residence Life work closely together to evaluate requests for housing accommodations for students with disabilities. Students requesting special accommodation or modification to University Housing must complete and submit this form in order to receive consideration. In addition, the student requesting accommodation must also have a current fully completed housing application on file before the University will evaluate a request for housing accommodation. A request for housing accommodation does not guarantee a housing assignment.

Student should complete Section I and the medical provider should complete Section II. This request must be completed in its entirety before a request will be considered. All requests for accommodation must be made at least 60 days prior to arrival.

Documentation must substantiate a diagnosed impairment that is a current substantial limitation to a major life activity as it relates to housing needs. To ensure the provision of reasonable and appropriate on-campus accommodations for students, the University requires current and comprehensive documentation of the disorder from a current treatment/assessment professional qualified to make the diagnosis. (Please note, a diagnosis in and of itself does not automatically qualify for requested accommodation).

This request form must be submitted each year in order to review and renew, as appropriate, accommodations provided through the Offices of Disability Services and Housing and Residence Life.

Section I

Completed by student (Please print or type)

Student Name: _____
(Last) (First) (Middle initial)

Birth Date: _____ Gender: _____ Male _____ Female

Home Address: _____

Home Phone Number: _____ Cell phone number: _____

Email Address: _____

Requested Accommodations: (What structural modifications, special equipment etc. are you requesting and explain how the requested accommodation relates to your disability; i.e. first floor room due to mobility limitations):

Academic year for which you are requesting accommodation: _____

Please list any special equipment that you will bring and use which relates to your disability (e.g. wheelchair, specialized computer equipment, etc.):

Please list any special equipment that you are requesting from the Office of Disability Services and/or Housing and Residence Life, which relates directly to your disability (e.g. emergency alarm flasher, etc.):

Authorization and Release to Disclose Medical Information

The information I have provided above is accurate to the best of my knowledge. I authorize the Office of Disability Services to discuss my medical condition and request for housing accommodations with the Director of Housing and Residence Life, the Director of Facility Services, my health care provider(s) and other University officials who may have a need to know about my condition in order to evaluate my request for accommodation.

Student's signature: _____

Student's printed name: _____

Parent's signature (if student is less than 18 years old): _____

Parent's printed name: _____

Parent's address: _____

Parent's phone number: _____

Section II

Completed by treating physician or appropriate medical provider

The student identified herein is requesting reasonable accommodation be made to allow him or her to live on-campus in a University residence hall. The information requested is to document the student's disability, the severity of the disability and to help determine reasonable accommodation. All disability related requests require appropriate and complete documentation. This form should be completed by the appropriate medical professional. The information will be protected as a confidential file in the Office of Disability Services.

Student's Name: _____ Date: _____

Name of disability/disorder/health condition that you have diagnosed:

Tests or evaluations used to make the diagnosis:

List current medication(s), dosage and frequency, adverse side effects, if any, and potential impact on the student's ability to live in a community environment:

Please describe the severity of the condition and its probable impact on (or limitations imposed by) the student's living situation at the University:

Please describe housing accommodations needed by the student based on functional limitation(s) caused by the student's specific disability/disorder/health condition:

Please assess if the student is at risk in the event of an emergency evacuation (for example - fire):

Certifying Medical Professional

Name (print): _____

Signature: _____

License Number: _____

Address: _____

Phone Number: _____ Fax: _____

Email address: _____

This information will be reviewed and accommodation decisions made in accordance with the policies of Armstrong State University. All housing assignments are made by the Office of Housing and Residence Life. For further information please contact the Office of Disability Services by phone (912.344.2572) or email (disability.services@armstrong.edu) or visit our website at http://www.armstrong.edu/disability_services/. Please return this completed form to the Office of Disability Services via mail, fax (912.344.3068), or email.

Office of Disability Services
Armstrong State University
11935 Abercorn Street
Savannah, GA 31419