

## Disability-Related Housing Accommodation Request

The learning environment and residential living are central to the Wright State University student experience. Residence Life & Housing refers or forwards all medical or disability related requests for housing accommodations to the Office of Disability Services. The information is kept confidential and is only used to evaluate accommodation requests. Each student's situation is evaluated individually. In order to evaluate how we can best meet your needs, the Office of Disability Services requires specific information from both you and your healthcare professional.

### Submission of Requests

Students requesting housing accommodations through the Office of Disability Services must do so by the established deadlines set by Residence Life & Housing. Please visit the Residence Life & Housing website ([www.wright.edu/housing](http://www.wright.edu/housing)) for more information on request deadlines.

In order to request housing accommodations:

- You must complete and sign the first portion of this form, requesting an accommodation and giving Disability Services permission to contact your healthcare professional.
- Your healthcare professional must complete the second part of this form, sign it, and return the completed packet to the Office of Disability Services at the address listed above.
  - *Note:* Your healthcare professional may also fax the form and any additional information (see fax number above), or scan and email it to [disability\\_services@wright.edu](mailto:disability_services@wright.edu).
- In addition to the basic documentation about a disability or medical condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating your request. You may also include additional health records or other evidence supporting your need for a housing accommodation.

Factors we consider when evaluating requests for housing accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is the request an integral component of a treatment plan prescribed by a medical professional for the condition in question?
- Is space available to meet the student's need?
- Can space be adapted without creating a safety hazard?
- Are there other effective means that would achieve similar benefits as the requested accommodation?
- How does meeting the need impact housing commitments for other students?
- Was the request made with the initial housing request by the deadline?

*Note: Housing accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.*

**STUDENT SECTION (please print or type)**

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Housing Application Academic Year

\_\_\_\_\_  
Student UID

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Name (Last, First, Middle)

\_\_\_\_\_  
Current Campus Address (if applicable)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
WSU email address

- Male
- Female

- New First Year Student
- Returning Student
- Transfer Student

Accommodation requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization to Receive Information**

I authorize the Office of Disability Services at Wright State University, to receive information from the professional who fills out this Housing Accommodation Request form, and for him/her to discuss my condition(s) with the Office of Disability Services, if necessary.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## MEDICAL PROFESSIONAL SECTION

*This section is to be completed by the student's healthcare provider.*

Student's Full Name:

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History of presenting problem and current medical condition/diagnosis:

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Expected duration of the condition:

- Temporary  
 Permanent

- Stable  
 Progressive

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, socializing). Please relate it to accommodations requested.

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List the current medication(s) the student has been prescribed and any adverse side effects.

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Are there any other factors that contribute to this student's need for the requested accommodation?

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Please indicate below your recommendations regarding housing accommodations for this student. Please note that the accommodations marked with an asterisk (\*) are extremely limited and will only be considered for students meeting ADA criteria. Housing accommodations are based upon the student's functional limitations and level of need.

	Automatic door opener
	Close to bathroom
	Kitchen access in housing*
	No extended housing (not tripled)
	Semi-private bath
	Single room*
	Strobe light emergency
	Wheelchair accessible
	Other:

Further explanation for any of the above:

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**Please attach any additional documentation that might be helpful in the accommodation process.**  
(e.g., medical file notes, test results, etc.)

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Name of Professional (print)

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Signature of Professional

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Date

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License Number

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State

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Address Line 1

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Address Line 2

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City, State, Zip

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Phone

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Email