

Housing Accommodations Request Form

1. Student Requesting Accommodations (Print all information clearly)

Name	Student ID
Contact Phone Number	Date of Birth
Sycamore Email	When Accommodations Should Begin

2. Authorization to Discuss (OPTIONAL)

You do not need to complete this section, but if you do: By signing below, I authorize appropriate personnel at Indiana State University Office of Residential Life to **discuss** my housing accommodations request, and any related documentation and information, relevant to my request for a housing accommodation, with the person I have listed below. *(This person is usually a parent / legal guardian, however it can be any adult you choose.)*

Name	Relationship to Student	
Address Street		
City	State	ZIP
Phone Number	Email Address	
Student's Signature	Date	
Parent/Guardian's Signature <i>(If student is under 18)</i>	Date	

3. Provider Information

In order to properly evaluate how Indiana State University can best meet your need for reasonable accommodations in University owned and operated housing facilities, the University requires specific diagnostic information from a licensed clinical professional or health care provider. The provider should be a regular provider for you, **must have seen you in-person within the last twelve months**, and must be familiar with the history and functional limitations of your physical or psychological condition(s). This request form **must** be supported with appropriate documentation from a qualified licensed clinical professional or healthcare provider who is familiar with the history and functional limitations of your condition(s). You **must** attach a completed *Housing Accommodations Provider Documentation Form* to this request form in order for your request to be considered. Enter your provider's information below.

Provider Name	Provider Phone Number
How long have you been under care from this provider?	
Why do you see this provider?	

4. Student Signature - By signing below, you understand and agree that:

a. a completed *Housing Accommodations Provider Documentation Form*, and any supporting documentation, has been attached to this request form; b. providing false or misleading information on this form may result in student conduct charges being filed; c. all the information provided is true and correct at the time of application; d. returning this form does not guarantee approval; e. you will be sent a decision within **30 business days** of the date received; f. each request is considered on a case-by-case basis by reviewing all the information provided.

Student's Signature	Date
Parent/Guardian's Signature <i>(If student is under 18)</i>	Date

Date Received	Approved:	Yes	No
by Res Life:	By:	Date:	

Housing Accommodations Provider Documentation Form

1. Student Requesting Accommodations (Print all information clearly)

Name	Student ID
Contact Phone Number	Date of Birth

2. Authorization of Release of Information (REQUIRED)

By signing below, I authorize Indiana State University Office of Residential Life to **receive** documentation and information, relevant to my request for a housing accommodation, from my provider who I have listed below. I also authorize my provider to discuss my condition(s) and the documentation and information provided with the appropriate Indiana State University personnel on an as-needed basis. This information is kept confidential.

Provider Name	Provider Phone Number
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Provider Address Street		
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City	State	ZIP
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Student's Signature	Date
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Parent/Guardian's Signature <i>(If student is under 18)</i>	Date
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3. Information for Provider

The above named student has requested special consideration for housing accommodations for a disability at Indiana State University. The Office of Residential Life is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s). Current and comprehensive documentation will assist Residential Life in understanding how the disability impacts the student in on-campus housing and the current impact of the condition(s) as it relates to the housing request.

Documentation and all relevant information must be completed or provided by an appropriately qualified licensed clinical professional or healthcare provider who has seen the student in-person in the past twelve months and is familiar with the history and functional limitations of the student's condition(s). Documentation completed by a family member is not acceptable. All documentation will be evaluated on a case-by-case basis.

Single Room Accommodations: Requests for a single room as an accommodation based solely on a desire to have a "quiet, undisturbed place to study" or as a need for a "reduced distraction environment" will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.

Please attach any additional sheets, other information, evaluations, etc. which are relevant to the student's current condition and supports the student's request for a housing accommodation at Indiana State University.

PLEASE INDICATE WHAT REASONABLE ACCOMMODATIONS WILL ENABLE THE STUDENT LISTED ABOVE TO LIVE IN ON-CAMPUS HOUSING AT INDIANA STATE UNIVERSITY.

4. Provider should completely respond to the following:

A. How long has the student been under your care and when was the last time you saw the student?

B. What is the diagnosis(es) or condition(s) that impact the student's physical and/or cognitive function? *You must state the specific diagnosis(es), terms such as "suggests" or "is indicative of" are not acceptable.*

C. What is the evidence supporting the diagnosis(es)? *Please provide a copy of any test results supporting the diagnosis(es) or other information used to reach the diagnosis(es).*

D. How long has the student experienced this condition(s) and what is the expected duration?

E. What is the impact of the condition(s) in the living environment? Does the condition(s) significantly limit any major live activities and what is the severity of any limitations (mild/moderate/severe)? Please explain.

F. Considering the mental and physical requirements of being a student at ISU, and living in on-campus housing, what recommendations for accommodations or services do you have to address the functional impact(s) and limitation(s) you have specified above? How would these accommodations **directly reduce or alleviate** the condition(s), impact(s) and limitation(s) noted above?

G. Is there any other information you would like to add that might be helpful to us in working with this student?

5. Provider Signature

Print Name	Title
License or Certification	State
Provider's Signature	Date

Date Received by Res Life:	By:
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