



## Housing Accommodations Procedure

Students with disabilities may request accommodations in their residence halls by completing a Housing Accommodations Request Form, which includes documentation of a substantially limiting condition from their physician or other appropriate professional. Housing accommodations include, but are not limited to:

- Wheelchair-accessible room and bathroom
- Flashing fire alarms and bed shakers
- Reduction of number of roommates

**Please complete the following three forms and submit to the Office of Disability Resources:**

PART I: Student-completed form: “Housing Accommodations Application”

PART II: Student-completed form: “Consent/Permission for Release of Information”

PART III: Student and physician-completed form: “Documentation of Disability-Related Need for Housing Accommodations”. In addition to this form the **physician must include, ON LETTERHEAD, the date of the most recent office visit of the student, his/her professional credentials, and his/her signature.**

Students must re-apply **every year** for housing accommodations.

### Application Process:

1. The Housing Accommodations Committee reviews applications.
2. The Committee sends an e-mail to the student notifying him/her whether or not the accommodations were approved.
3. Students with approved ADA housing accommodations should contact the Office of Residence Life at <http://www.umw.edu/residencelife/contact/> .
4. Meeting with the directors of Disability Resources and Residence Life to complete the application process may be required.

Submit to:

Director of Disability Resources, 401 Lee Hall, University of Mary Washington,  
1301 College Avenue, Fredericksburg, VA 22401 or by fax (540) 654-2155



## PART I: Housing Accommodations Request Form

To be completed by student. Please print.

Name:		Banner ID (9 Digit Number):
UMW Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Home Phone:		Home Email:
D.O.B.:		Are you a new, transfer, or a returning student? (Circle one).

Please list specific housing accommodation(s) requested and **explain** the need for such accommodation based upon your documented disability.

**Requested Accommodation(s)-Requests for Emotional Support Animals must list the specific type of animal**


**\*Description of Both Disability and Need for Above Accommodation(s)**


(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Office of Disability Resources, 401 Lee Hall**



## PART II: Permission for Release of Information

I give permission for the exchange of any medical, mental health, educational, or psychiatric information between the following Departments at the University of Mary Washington:

**Office of Disability Resources  
 Student Health Center  
 Talley Center for Counseling Services  
 UMW Residence Life, and  
 UMW Housing Accommodations Committee**

I also give permission for employees of the aforementioned departments and the following medical professional(s) to exchange any information necessary, including medical, educational, mental health, or psychiatric information, if necessary, to assess this accommodation request:

**To be completed by student. (Please print)- Please note: the diagnosing professional listed below must complete Part III and provide a separate letter to the housing committee**

Name of Diagnosing/Treating Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

**To be completed by student. (Please print)**

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Banner ID (9 Digit Number):

**(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: Office of Disability Resources, 401 Lee Hall**



## PART III: Documentation of Disability-Related Need for Housing Accommodations

**(This top section ONLY to be completed by student. Please print.)**

Student:		Phone:
Banner ID (9 Digit Number):	Freshman, transfer, or returning student? (circle one)	D.O.B.:
Address:		

**(To be completed by the diagnosing/treating professional)**

**Please print. This form must be completed by the diagnosing/treating professional, who should not be a relative of the student.**

**In addition to this form, please include, ON LETTERHEAD, the date of the most recent office visit of the student, your professional credentials, your signature, and any additional information you can share related to the housing request.**

1. Diagnosis:


2. What major life activity (e.g., walking, seeing, hearing, breathing, self-care) does the condition substantially limit?


3. Describe the current functional impact of the condition: (including negative health impact that may be permanent or life threatening)


4. Original date of diagnosis: \_\_\_\_\_

Diagnosing/Treating Professional's Name and degree/specialty (please print):

\_\_\_\_\_ [Name] \_\_\_\_\_ [Degree/Specialty]

5. Diagnostic criteria/tests used:


6. Date of most recent evaluation: \_\_\_\_\_

7. Programs/treatments/medications/devices or resources currently prescribed (name of medication and dose):


8. Expected duration, stability, or progression of the condition:


9. Other specialists that the patient has seen (if known):


10. Recommended housing accommodations:


11. Describe the link between the recommended housing accommodation and its impact on the individual's disability-related need. Please be thorough, using additional pages if needed:


12. Alternative recommendation(s):


(OPTIONAL) Additional comments:


Name of Professional (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Director of Disability Resources, by mail:**

Director of Disability Resources  
Lee Hall 401  
University of Mary Washington  
1301 College Avenue  
Fredericksburg, VA 22401  
(540) 654-1266

or by fax: (540) 654-2155