

Housing Accommodation Request Form

Part I – To be completed by the Student

Student Name:

UMW ID#:

Cell Phone:

E-Mail:

Transfer Student

Incoming Student

Returning Student

What was the first semester you attended UMW (i.e. Fall 2024)?

What is your current class standing?

First year

Junior

Sophomore

Senior

Other than the provider completing this form, are you connected with any other provider(s) for the indicated diagnosis(es)? Yes No
If so, please include the provider(s) name, title, and area of specialty:

Requested Accommodation(s):

Please provide an explanation of your disability-related need(s) for the accommodation(s) requested and how they will provide access to UMW Residence Life and Housing that is not otherwise possible:

By submitting this request, I am giving my consent for any information relevant to this request to be reviewed by appropriate University staff in evaluation and in any subsequent provision of housing accommodations.

Student Signature:

Date:

Student Name:

Part II – To be completed by a Healthcare Professional/Licensed Provider:

This form should be completed by a licensed provider and/or healthcare professional who is able to fully answer the questions below and has knowledge of the student's condition and its impact on ability to perform a major life activity. Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Please note: incomplete responses will have a significant impact on our ability to make a determination on the student's request. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of all student requests on the student and the campus community when determining reasonable accommodations. **If you find that you're unable to easily fit your responses, please feel free to attach a separate page.**

What is the diagnosed disability and how does it impact the student's major life activities (be specific)?

Please identify if the student is using any alternative remedies to mitigate the limitations caused by the diagnosis (e.g., medication, treatment, therapy, etc.) and what those alternatives are:

Expected duration, stability, or progression of the condition (if known):

Temporary

Lifelong

6-12 month

Unknown

How long have you been working with the student regarding this diagnosis?

Student name:

Please explain how the accommodation is necessary for the resident to use and enjoy UMW housing as compared to a person without a disability:

Is the impact of the condition life threatening if the request is not met?

No

Yes, please explain

Is there a negative health impact if this request is not met?

No

Yes, please explain

Is the request and integral component of a treatment plan for the disability?

No

Yes, please explain

Please identify any other accommodation that may be effective in allowing the student to access UMW housing and residence life:

Student Name:

Healthcare Professional/Licensed Provider Information & Credentials

Thank you for completing this form. If we need additional information, we may contact you using the information provided with the student's written consent. If you have questions regarding this form or the housing accommodation process, please call the UMW Office of Disability Resources at (540) 654-1266 or email odr@umw.edu.

By signing below you acknowledge the information provided is true and accurate and in accordance with your professional code of ethics.

Provider Name (Print):

Title:

License/Certification #:

Physical Address:

Phone:

Email Address:

Signature:

Date:

***Form should be provided back to the student in order to allow them to upload the document to their Accommodate Portal.**