



## **Housing Accommodation Request Form**

**Part I – To be completed by Student** (If you find that you're unable to easily fit your responses, please feel free to attach a separate page.) \*Please be advised this form will need to be saved before entering information to ensure it will not be blank.

Student Name: \_\_\_\_\_ UMW ID#: \_\_\_\_\_

Campus or Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Indicate if you are a Transfer Student this year, New to UMW, or a Returning Student:

\_\_\_\_\_

What was the first year you attended UMW? \_\_\_\_\_

What is your current class standing (e.g., freshman)? \_\_\_\_\_

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 scope of practice:

\_\_\_\_\_

**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 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.

The Housing Committee requires a complete response to all of the questions below in order to make a determination on the student's request(s). Incomplete responses will have a significant impact on the ability of the Housing Committee 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.)

- 1. What is (are) the disability(ies), and how is the student substantially limited in (a) major life function(s)?**

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- 2. Please identify if the student is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.**

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- 3. Expected duration, stability, or progression of the condition (if known):**

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- 4. How long have you been working with the student regarding this diagnosis or impairment?**

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

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- 6. Please identify any other accommodation that may be equally effective in allowing the resident to access UMW housing.**

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### **Healthcare Professional/Licensed Provider Information & Credentials**

Student Name: \_\_\_\_\_

Healthcare Professional/Licensed Provider

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

License/Certification #: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

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](mailto:odr@umw.edu).

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