

Housing Accommodations Procedure

Students 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.

Please complete the following three forms and submit to the Office of Disabilities Services:

1. Student-completed form: "Housing Accommodations Request Form"
2. Student-or parent-completed form: "Permission for Release of Information"
3. 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.

The requests for housing accommodations must be submitted to Disability Services prior to **February 22, 2012**. Incoming students must submit this information by **May 21, 2012**. Housing requests will be accommodated based on the level of need and space availability. Requests turned in after this date will be subject to space availability.

Request Process:

1. Student submits request forms.
2. The Housing Accommodations Committee reviews application.
3. Residence Life sends a letter to the student notifying him/her whether or not the request can be accommodated. If approved, the letter will include assignment information and instructions for proceeding through the housing selection process.

Submit to:
Susan Wise
Director of Disability Services
2251 Campus Box
Elon, NC 27244

Phone: (336) 278-6500 Fax: (336) 278-6514

Housing Accommodation Request Form

To be completed by student. Please print.

Name:		Datatel #:
Campus 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) and explain need based upon documented disability, condition, or need.

Request(s)

Justification*

(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:** _____

*Note – The Housing Accommodations Committee reviews requests to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

Return to: Office of Disability Services, 2251 Campus Box, Elon NC 27244

Date Received: _____

Permission for Release of Information

I give permission for the exchange of any medical, educational, or psychiatric information between the following Departments of Elon University:

Office of Disability Services
Health Center
Psychological Services Center
Residence Life
Housing Accommodations Committee

And _____

To be completed by student. (Please print)

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

To be completed by student. (Please print)

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Datatel #:

(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 Services, 2251 Campus Box, Elon, NC 27244

Documentation of Disability-Related Need for Housing Accommodations

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

Student:	Phone:	
Datatel #:	Freshman, transfer, or returning student? (circle one)	D.O.B.:
Address:		

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

1. Diagnosis:

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

3. Describe the current impact of the condition: (including negative health impact that may be permanent or life threatening if the request is not granted)

4. Original date of diagnosis: _____

By: _____

[Name]
[Degree/Specialty]

5. Diagnostic criteria/tests used:

6. Date of most recent evaluation: _____

7. Treatments/medications/devices or services 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 how the recommended housing impacts the condition:

12. Alternative recommendation(s):

(OPTIONAL) Additional comments:

Name of Diagnostician (Please Print): _____

Signature: _____

Date: _____

In addition to this form, please include, ON PROFESSIONAL LETTERHEAD, the date of the most recent office visit of the student, your professional credentials, and your signature.

Please return to Director of Disability Services, by mail:

Director of Disability Services
2251 Campus Box
Elon University
Elon, NC 27244

Or by fax:

(336) 278-6514