

# Disabilities Resources

## Housing Accommodations Procedure

**Please read this document in its entirety.**

Students may request housing accommodations by completing a Housing Accommodations Request Packet, 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 Disabilities Resources:**

- 1. Student-completed form:** "Housing Accommodations Request Form"
- 2. Student-or guardian/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.

Please visit the Disabilities Resources website to confirm the deadline for submitting requests for housing accommodations. For current students the deadline is typically early February and for incoming students, the deadline is typically early May.

Housing requests will be accommodated based on the level of need and space availability. Requests turned in after the deadlines will be subject to space availability.

### **Request Process:**

- 1. You must be registered with Disabilities Resources to apply for housing accommodations.** If you are new to Disabilities Resources, you must [create an account in our data management system, Accommodate](#). If you are already registered with our office, you must submit a "supplemental" request in Accommodate.
- 2. After you have submitted the entire packet** to request housing accommodations, your request will be prepared for review by the committee.
- 3. The Housing Accommodations Committee reviews application.**
- 4. Residence Life will notify you regarding the outcome of your request.** If approved, RL will include assignment information and further instructions.

### **All completed documents should be submitted to:**

Disabilities Resources  
Elon University  
2251 Campus Box  
Elon, NC 27244

Phone: (336) 278-6568  
Fax: (336) 278-6514  
disabilities@elon.edu

# Housing Accommodation Request

To be completed by student. Please print.

Name:		Student ID #:
Campus Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Cell Phone:		Elon Email:
D.O.B.:	Are you a new, transfer, or a returning student? (mark 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:** \_\_\_\_\_

\*Please 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.

Date Received: \_\_\_\_\_ (to be completed by ODR)

Office of Disabilities Resources

## 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 Disabilities Resources  
Student Health Services  
Counseling Services  
Residence Life  
Housing Accommodations Committee (offices noted above)

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:	Student ID #:

**(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:

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## Documentation of Disability-Related Need for Housing Accommodations

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

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

**Please print.** The diagnosing professional, who should not be a relative of the student, must complete this form.

1. Diagnosis:

2. What major life activity (e.g., walking, seeing, hearing, breathing, self-care, etc.) 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 Disabilities Resources:**

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