



GEORGE FOX UNIVERSITY

Housing Medical/Disability Accommodation Request Form 2009-2010

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Non-George Fox E-mail: \_\_\_\_\_ Box #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Class:  FR  SO  JR  SR

**ROOMMATES** (Returning Students Only. New students should request roommates on the online housing form)

To be completed by each requested roommate.

I am planning on living with the student requesting accommodations. I will accept the placement the above student receives and understand that I will not be able to participate in the Housing Selection Process. I understand that if the student making the request for accommodation does not live in the assigned housing area, I may be moved to a different housing location.

Name \_\_\_\_\_ ID # \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ ID # \_\_\_\_\_ Signature \_\_\_\_\_

**DOCUMENTATION** (select one)

(Appropriate documentation must accompany this form- see back of this page)

I have completed a Disability Services Request Form and spoken with the Disability Services Office. My Disability Services Request Form indicates specific environmental conditions needed to accommodate my needs.

I have attached documentation from a medical professional (MD, NP, PA) that includes a diagnosis and the specific environmental conditions necessary to accommodate medical/disability needs.

**RELEASE OF INFORMATION**

I acknowledge that an exchange of information may need to take place between medical personnel noted in my documentation, the Housing Office, Health and Counseling Center, Disability Services Office and/or other University staff. I give my permission for such communication when necessary. I also give permission for the Housing Office staff to discuss my case with the following additional individuals and/or offices:

Parents (list their names): \_\_\_\_\_

Additional medical personnel/offices: \_\_\_\_\_

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

# Housing Accommodation Request for Medical/Disability Needs

Please read this information carefully.

To be considered for housing accommodation, all supportive medical information must either accompany this form or be on file with the Disability Services Office or Health and Counseling Center. No request will be considered until all documents have been submitted. Please see the criteria below for information regarding the specific documentation needed.

The University is generally able to accommodate all medical/disability needs in on-campus housing. All medical/disability related accommodations will be made in the context of University policies applicable to the individual making the request.

**Accommodation DEADLINE DATES:** *Accommodation forms turned in AFTER these dates may not be accommodated.*

- **Returning Students:** Requests are due by 5:00 p.m. March 7<sup>th</sup> for the following year or following a new diagnosis requiring accommodation.
- **New Students:** Freshman placements begin in early May. In order to receive fullest consideration, requests should be submitted by May 1<sup>st</sup>. At a minimum, requests must be received 7 days prior to your arrival on campus.

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## **Documentation and Process**

*Please attach the following documents to this form -*

1. A specific, detailed diagnostic statement from a licensed medical physician, nurse practitioner, or physician's assistant:
  - a. Include a specific diagnosis
  - b. Include the date that medical conditions appeared
2. Detailed list of *specific environmental conditions* needed to accommodate the medical needs. This information must be signed by a licensed medical physician, nurse practitioner, or physician's assistant and on the clinic's letterhead.
3. *General notes or statements without a specific diagnosis and list of necessary accommodations will not be accepted.*
  - a. *Documentation should comply with university standards outlined on the university website*
    - i. [http://www.georgefox.edu/offices/disab\\_services/documentation.html](http://www.georgefox.edu/offices/disab_services/documentation.html)
4. The Director of Housing will evaluate the medical information in conjunction with the Health and Counseling Center (HCC) and/or Disability Services Office (DSO). You may be asked to meet with HCC staff to further discuss your situation. Once your situation has been reviewed and a decision has been made.
5. If you have previously submitted documentation to the DSO, this documentation may be considered provided it meets the criteria specified above.

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Once the decision is made you will be notified by the Student Life Department in writing and via University e-mail.

**This form and additional documentation can be submitted by mail:**

Director of Housing  
George Fox University  
414 N. Meridian #6165  
Newberg, OR 97132

**Or by FAX:**

503-554-2339  
Attn: Director of Housing