

Name _____

Semester Applying for (ex: Fall 2018): _____ Student ID # _____

Email (if non-GFU) _____ Class Standing: FR SO JR SR

To be considered for a housing accommodation, a student will need to present documentation of a disability that creates a functional limitation in the environment as it pertains to the Americans with Disabilities Act. The University is generally able to accommodate all medical/disability needs in on-campus housing.

Accommodation Request Deadlines

- **Returning Students:** Requests are due by 5:00 PM on **March 1st** for the upcoming academic year *or* following a new diagnosis requiring accommodation.
- **New Students:** New student housing placements begin in early May. In order to receive fullest consideration, requests should be submitted by **May 1st**. At a minimum, requests must be received 30 working days prior to a student's arrival on campus.

COMPLETE STEPS 1-4 BELOW TO REQUEST A HOUSING ACCOMMODATION**#1: SELECT THE TYPE OF ACCOMMODATION YOU ARE REQUESTING:**

- | | |
|--|--|
| <input type="checkbox"/> Single room | <input type="checkbox"/> Emotional Support Animal (Steps #2-3 is not required below. Please ask about separate ESA request process.) |
| <input type="checkbox"/> Private bathroom access | |
| <input type="checkbox"/> Kitchen facility access | |
| <input type="checkbox"/> ADA-equipped room | |

Please list any specific housing location preference, if known: _____

#2. ATTACH A BRIEF LETTER EXPLAINING THE DETAILS OF THE ACCOMMODATION REQUESTED: *Please attach a brief description of the required environment you need and specifics of why it's important for your health:*

(Example: "I need kitchen access to cook allergen-free foods and a dedicated storage space for my food items to reduce the risk of cross-contamination. I am able to share kitchen space with other students, but it's important I have a kitchen I'm able to prepare my food in with the specific items I need for my diagnosis.")

#2. ATTACH MEDICAL DOCUMENTATION: *(No request will be considered until all medical documentation has been submitted)*

A detailed diagnostic statement from a licensed medical physician, nurse practitioner, or physician's assistant must be attached to this form and must include:

- Details about the specific environmental conditions needed to accommodate the medical needs
- A specific diagnosis
- Date that medical conditions appeared

#3. GATHER ROOMMATE SIGNATURES IF APPLICABLE: (SEE THE BACK OF THIS FORM)**#4. 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 names): _____

Additional medical personnel/offices: _____

Student Signature: _____ **Date:** _____

For Office Use Only:

Date Received: _____ Room Assigned: _____ Previous year's medical docs on file: _____



HOUSING ACCOMMODATION REQUEST

For Medical and Disability

ROOMMATE SIGNATURES IF APPLICABLE: *Returning Students Only. New students should request roommates through the housing and meal plan intent form in myGFU. If you do not know who you want to live with, please skip this step.*

To be completed by each requested roommate. I am planning on living with the student requesting accommodations. I accept the placement the above student receives and understand that I will not be eligible to participate in Housing Selection. I recognize that I need to pay the \$150 Housing Deposit to secure my placement in housing. 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 location.

Name _____ ID # _____ Signature _____

Name _____ ID # _____ Signature _____