



Accessible Education Services
Willamette University, 900 State Street, Salem, OR 97301
T 503-370-6737 | F 503-370-6647 | www.willamette.edu

Disability Housing Accommodations Request Form

Willamette University recognizes the importance of providing reasonable accommodations in its housing policies when necessary for students with disabilities to use and enjoy college housing. A reasonable accommodation is a modification or adjustment to the tasks, environment, or the way things are usually done that enables individuals with disabilities to have an equal opportunity to participate in an academic program.

Please complete this form and return it to the office of Accessible Education Services at least *one month before you intend to move into your requested location* or your petition may not be reviewed prior to any university deadlines.

Student Name: _____ Date: _____
Student ID: _____ WU Email: _____
Year (Fr/Soph/Jr/Sr/Graduate) _____ Campus Address: _____

Please answer the following questions:

1. Please describe the reasonable accommodation you are requesting (add additional pages if necessary):

2. Please identify your disability, describe the functional limitations that you have experienced as a result of your disability, and why you believe the accommodation is necessary for you to have an equal opportunity to use and enjoy college housing because of your disability (please add additional pages if necessary):

Documentation of Disability:

In circumstances where either your disability and/or requested accommodation is not obvious, you must provide documentation from a reliable third-party (e.g., a physician or other medical professional), establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and enjoy college housing. Students may provide documentation as indicated in the [Documentation Guidelines](#), or may have their provider complete the Disability Housing Accommodation Eligibility Form.

Send to: Jeff Larson, Director of Accessible Education Services
Willamette University, 900 State Street, Salem, OR
97301 Phone: 503-370-6737 | Fax: 503-370-6647
Email: accessible-info@willamette.edu

Disability Housing Accommodation Eligibility Form (p. 1 of 2)


This *Disability Housing Accommodation Eligibility Form* was designed to assist the office of Accessible Education Services in providing appropriate and effective academic accommodations. We are required to maintain confidential records of this student's medical conditions for the purpose of academic and housing accommodation according to Section 504 of the Rehabilitation Act of 1973 and the ADA of 2009.

A qualified professional must complete this form in order for it to be reviewed by Accessible Education Services. "Qualified professionals" must have comprehensive training with regard to the specific disability being addressed and direct experience with an adolescent and/or adult population. The qualified professional must not be a family member, and has preferably already been treating the student so that they have a strong understanding of the student's needs.

Students requesting a housing accommodation must provide current documentation of their disability to ensure the provision of reasonable and appropriate accommodations. This documentation should include information regarding:

- The disability diagnosis
- Tests and assessments used to diagnose disability
- The onset, longevity, and severity of symptoms
- A specific description how the impact of the disability interferes with the student's ability to live in a residence hall or sorority house and/or live with a roommate and/or participate in residential community life
- An assessment of current functioning

Evaluator: Please attach your business card in the space below.





Disability Housing Accommodation Eligibility Form (p. 2 of 2)

Student Name: _____

Date: _____

Student ID: _____

WU Email: _____

*To be completed by the student's qualified treating professional.
Please attach an additional page if necessary.*

1. Diagnosis of disability: _____
2. Date of diagnosis: _____
3. Expected duration of diagnosis: _____
4. Date of last visit for this condition: _____
5. Procedures/assessments used to diagnose this condition:

6. Nature of symptoms and limitations:

7. How often does this student experience the limitations described in question 6?

8. What is the impact of the condition specifically in the residential living environment?

9. What is the severity of the impact described in question 8?

10. Does the student take any medications for this condition? Circle one: Yes / No
 - a. If you circled "Yes," list those medications and any side effects that affect functioning:

11. Please state your recommended accommodation for university housing and describe its link to the student's functional limitations: _____

12. Is there any other information you would like to add that might be helpful to us in working with this student?

Professional's signature: _____

Date: _____

Printed name: _____

Provider Credential/License: _____

License number: _____