REQUEST FOR HOUSING DISABILITY ACCOMMODATION

The Disability Resource Center, Residence Life, and Facilities Management work closely together to evaluate requests for housing accommodations for students with disabilities. Students requesting special accommodation or modification to University Housing must complete and submit this form in order to receive consideration. In addition, the student requesting accommodation must also have a current, fully-completed housing application on file before the University will evaluate a request for housing accommodation. A request for housing accommodation does not guarantee a housing assignment.

Students should complete Section I. The student’s medical provider should complete Section II. This request form must be completed in its entirety before a request will be considered. All requests for housing accommodation must be made at least 60 days prior to arrival.

Documentation must substantiate a diagnosed impairment that is a current substantial limitation to a major life activity as it relates to housing needs. To ensure the provision of reasonable and appropriate on-campus accommodations for students, the University requires current and comprehensive documentation of the disorder from a current treatment/assessment professional qualified to make the diagnosis. (Please note: a diagnosis, in and of itself, does not automatically qualify for requested accommodation.)

This request form must be submitted each year in order to review and renew, as appropriate, accommodations provided through the Disability Resource Center and Residence Life.

Section I
Student completes this section. Please print or type.

Student Name: .................................................. (Last) .................................................. (First) .................................................. (Middle Initial)

Student ID Number: .................................................. Birth Date: ..................................................

Gender: Male: _______ Female: _______

Home Address: ...........................................................................................................................

Home Phone Number: ..................................................

Cell phone number: ..................................................

Email address: ..................................................

Academic year and semester for which you are requesting accommodation: ..................................................

Lamar University Department of Residence Life
PO Box 10040  Beaumont, TX 77710
Telephone: 409.880.8550  Fax: 409.880.8522
**Requested Accommodation:**
What structural modifications, special equipment, etc. are you requesting? Explain how the requested accommodation relates to your disability *(for example: a first-floor room due to mobility limitations)*:

________________________________________________________________________

________________________________________________________________________

Please describe any adaptive technology, including hardware/software, or specialized equipment that you use:

________________________________________________________________________

________________________________________________________________________

Please list any special equipment that you will bring and use which relates to your disability *(for example: wheelchair, specialized computer equipment, etc.)*:

________________________________________________________________________

________________________________________________________________________

Please list any special equipment that you are requesting from the Disability Resource Center and/or the Department of Residence Life which relates directly to your disability *(for example, an emergency alarm flasher, etc.)*:

________________________________________________________________________

________________________________________________________________________

**Authorization and Release to Disclose Medical Information:**
The information I have provided above is accurate to the best of my knowledge. I authorize the Director of the Disability Resource Center to discuss my medical condition and my request for housing accommodation with the Director of Residence Life, my health care provider(s), and other University officials who may have a need to know about my condition in order to evaluate my request for accommodation.

Student’s signature:

________________________________________________________________________

Student’s printed name:

Parent or legal guardian completes this section if the student is younger than 18 years old.

Parent’s signature:

________________________________________________________________________

Parent’s printed name:

________________________________________________________________________

Parent’s address:

________________________________________________________________________

Parent’s phone number:
Section II

This section must be completed by the student’s treating physician or appropriate medical provider. Please print or type.

The student identified herein is requesting reasonable accommodation be made to allow him or her to live on-campus in a University residence hall. The information requested is to document the student’s disability, the severity of the disability, and to help determine reasonable accommodation. All disability-related requests require appropriate and complete documentation. This form should be completed by the appropriate medical professional. The information will be protected as a confidential file in the Disability Resource Center.

Student’s name: ____________________________ Today’s Date: ________________

Name of disability/disorder/health condition that you have diagnosed:
__________________________________________

__________________________________________

2. Tests or evaluations used to make the diagnosis:
__________________________________________

__________________________________________

3. List current medication(s), dosage and frequency, adverse side effects, if any, and potential impact on the student’s ability to live in a community environment:
__________________________________________

__________________________________________

__________________________________________

4. Please describe the severity of the condition and its probable impact on (or limitations imposed by) the student’s living situation at the University:
__________________________________________

__________________________________________

__________________________________________
5. Please describe housing accommodations needed by the student based on functional limitation(s) caused by the student’s specific disability/disorder/health condition. If you are recommending housing accommodations in the form of an emotional support animal, identify the type of animal and explain the nexus between the disability and this specific accommodation:

6. Please assess if the student is at risk in the event of an emergency evacuation (for example, fire):

CERTIFYING MEDICAL PROFESSIONAL

Name (print):

Signature:

License Number:

Address:

Phone Number: Fax:

Email address:

This information will be reviewed, and accommodation decisions made, in accordance with the policies of Lamar University. All housing assignments are made by the Department of Residence Life.

For more information, please contact the Disability Resource Center:

Physical Location: Communication Building Room 105
Mailing Address: PO Box 10087, Beaumont, TX 77710
Telephone: (409) 880-8347
Fax: (409) 880-2225
Email: DRC@Lamar.edu

Return this completed form to the Disability Resource Center by mail or in person.