Request for Housing Disability Accommodation

The Lamar University Accessibility Resource Center (ARC), Housing and Residence Life (HRL), and Facilities Management work closely to evaluate requests for housing accommodations for students with disabilities. Students requesting special accommodations or modifications to University Housing must register with the ARC to receive consideration for accommodations. In addition, the student must also have a complete housing application on file before the University will evaluate a request for housing accommodations. A request for housing accommodation does not guarantee a housing assignment.

Students should complete Section I; printing to ensure legibility. The student’s healthcare provider should complete Section II. This request form must be completed in its entirety before a request will be considered. Healthcare provider documentation must substantiate a diagnosed disability 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 comprehensive documentation of the disorder from a current healthcare provider qualified to make the diagnosis. A diagnosis does not automatically qualify a student for an accommodation, as all accommodations are individualized and related to the student’s functional limitations.

If the requested accommodation is an emotional support animal (ESA), the type of ESA must be included in the student’s ongoing treatment plan. The provider must complete Question 6, outlining how the emotional support animal impacts the student’s symptoms and/or functional limitations in residence. If an ESA accommodation is approved, additional documentation is required by housing specific to the animal. ESA accommodation approval and housing documentation is required before bringing the animal to campus.

This request form (and all others related to housing accommodations) must be submitted each year for review and renewal of accommodations provided through the Accessibility Resource Center and Housing and Residence Life.

Section I – Student Documentation

Student Name: _____________________________________________________________________________________
Student ID Number: ___________________________________________________________________________________
Cell phone number: __________________________________________________________________________________
Email address: ______________________________________________________________________________________
Academic year and semester for which you are requesting accommodation: _____________________________________
Initial Application ☐ OR Renewal Application ☐

Requested Accommodations

What structural modifications, special equipment, etc. are you requesting? Explain how the requested accommodation relates to your disability: ________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please list any adaptive technology or special equipment that you will bring and use which relates to your disability (e.g., wheelchair, specialized computer equipment, etc.): ________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Please list any special equipment that you are requesting from the ARC and/or HRL which relates directly to your disability (e.g., an emergency alarm flasher, etc.):
__________________________________________________________
__________________________________________________________________________________________________

Authorization and Release to Disclose Medical Information

The information above is accurate to the best of my knowledge. I authorize the Director of the Accessibility Resource Center to discuss my medical condition and my request for housing accommodation with the Director of Housing and Residence Life, my health care provider(s), and other University officials who may have a need to know about my condition 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 – Healthcare Provider Documentation

The information requested is to document the student’s disability, the severity of the disability, and to help determine reasonable accommodation for on-campus, residence hall living. This form must be completed by a qualified healthcare professional. The information will be protected as a confidential file in the Accessibility Resource Center.

Student’s name: ________________________________________________
Today’s date: __________________________
Name of disability/disorder/health condition that you have diagnosed:
______________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
How long and how often have you been treating the student? __________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Briefly explain the current medical treatment plan for the student; including any medications that impact the student’s ability to live in a community environment: _________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Please describe the severity of the condition and its probable impact on (or limitations imposed by) the student’s ability to live in a community environment: _________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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, please identify the type of animal and explain the nexus between the disability and this specific accommodation as it relates to residence life:

Dog ☐  Cat ☐  Other: __________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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: _____________________________________________________________________________________
Phone Number: _______________________________________________________________________________________
Address: ___________________________________________________________________________________________
Email address: _______________________________________________________________________________________

This information provided 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 Accessibility 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: ARC@lamar.edu

Return this completed form to the Accessibility Resource Center by mail, e-mail, or in person.