REQUEST FOR HOUSING ACCOMMODATIONS VERIFICATION FORM

Today's Date: _____

Student's Name: _____ DOB: _____

Date student was first seen: _____ Date student was last seen: _____

How often do you see this student? _____

Provider Name: (Printed) _____

Credentials and State License #:_____

Signature: _____ Date:_____

Address:_____

Telephone: _____ Fax: _____

Affix card here or office stamp (optional)

Message to the provider:

The Office of Accessibility and Disability Services (ADS) works collaboratively with other university partners to provide approved accommodations for students with disabilities to allow for full inclusion in the residential community. Once ADS approves a housing accommodation, Housing and Residence Life determines the student's room assignment while considering both the approved accommodation and available space. Requests for residential accommodations must be based on a documented disability and not a preferred building, room or roommate. The request must be supported by disability documentation that illustrates clear and substantial barriers to being placed in a standard housing assignment.

This form must be completed by a licensed healthcare provider within the field of specialty pertaining to the disability and cannot be completed by a family member or relative.

Important notes:

- On-campus housing is community-based housing and there are NO completely private spaces.
- Students are NOT required to live on campus at Towson University.

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1. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits a major life activity. Is the student's condition, as they experience it, classified as a disability?
   YES ____ NO ____ (if no, there is no need to continue further with this form)

2. What is the disability or medical condition for which the accommodations are being requested:

3. Date of Diagnosis: _____

4. Please list the symptoms and frequency of symptoms the student is experiencing that are causing impact on one or more major life activities.

5. Describe the severity of the condition and its probable impact on the student's living situation at TU.

6. Please describe the housing accommodation(s) and how each request specifically correlates with the student's disability or medical condition.

7. Please provide any further information you believe would be helpful.

Please return to the office by: Email: tuads@towson.edu , Fax: 410-704-4247, or Return to student to deliver