

Housing Accommodation Request Form

Indiana Tech recognizes the importance of providing reasonable accommodation in its housing policies and practices necessary for students with disabilities to use and enjoy University Housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have an equal opportunity to use and enjoy University housing.

Please complete this form and return it to the Disability Services Office no fewer than 90 days before intending to move into University housing. If the accommodation request is made fewer than 90 days before the individual intends to move into University housing, Indiana Tech cannot guarantee that it will be able to meet the individual's accommodation needs during the first semester or term of occupancy. This form may be returned by email, in person, or regular mail.

Student Name:		ID Number:	
Email Address:		Phone Number:	
Class Standing:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		

What semester and year are you requesting accommodations for?

What specific reasonable accommodations are you requesting?

What is the nature of your disability, and why do you believe the accommodation is necessary because of your disability?

Please explain if there are any alternatives to the above requested accommodations.

Authorization to Contact Provider

In circumstances where either your disability and/or requested accommodation is not obvious, you must provide verification 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 University housing. Please identify the person that can provide such verification, if necessary.

Provider Name:

Provider Title:

Address:

Telephone:

Fax:

By signing below, you authorize the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing

 Student Signature

 Date

Acknowledgment

By my signature below, I verify that I have read, understand, and will abide by the requirements outlined. I also agree to provide the additional information required to complete my Housing Accommodation Request under the University's Housing Policy.

Furthermore, I give permission to the Disability Services Office to disclose to others impacted by my request for housing accommodations (e.g., Residence Life staff, Counseling Services staff). I understand that this information will be shared to prepare for my housing accommodation request or resolve any potential issues associated with my request.

 Student Printed Name

 Student Signature

 Date

For Disability Services Office Use Only

Disability Services Review Team Finding

_____ The Disability Services Review Team found there is currently no documented evidence of a diagnosis or prognosis that indicates this student meets the qualifications for the requested housing accommodation. In this case, the above accommodation request is not justifiable.

_____ The Disability Services Review Team has approved the requested accommodation for this student, and this request is supported by medical or related documentation.

_____ The Disability Services Review Team has approved an alternate accommodation from what is requested by the student.

Alternate Accommodation:

DS Staff Printed Name

DS Staff Signature

Date