

# Housing Accommodations Request Form



## Disability Resource Center

204 North Lexington Avenue, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu  
859.858.2188 | fax: 859.858.2021 | [student.services@asburyseminary.edu](mailto:student.services@asburyseminary.edu)

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STUDENT NAME

STUDENT ID#

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CURRENT STREET ADDRESS

CITY

STATE

ZIP CODE

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PHONE

DATE

### Completed by Medical Provider:

In order for a student to apply for reasonable housing accommodations, students make a formal request using this form. A student who merits reasonable housing accommodations for disability-related issues submits this form, as well as accompanying documentation. This form is completed by the certifying professional of the student and the certifying professional also furnishes a copy of the documentation stipulated in the items below. The **Reasonable Accommodations in Housing Review Committee** will evaluate all of the information submitted for this request and will determine to what extent that the housing accommodations request will be granted. The committee will inform the student in writing as to the final decision, with rationale for the decision.

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CERTIFYING PROFESSIONAL NAME

TITLE

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LICENSE NUMBER

OFFICE/AGENCY NAME

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OFFICE/AGENCY ADDRESS

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OFFICE/AGENCY PHONE

OFFICE/AGENCY FAX

**Certifying Professional: Please answer the questions below and attach additional pages as necessary.**

**1. Specific Disability/Diagnosis**

**2. How long has the student had this disability?**

**3. What is the severity of the disability?**

**4. How long is the disability likely to persist?**

5. Date of the diagnosis and last contact with student

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6. Describe the major life activities that are impaired and functional limitations that are substantially limited by the condition.

7. List the student's current medication(s), dosage, frequency, and adverse side effects.

8. Please state specific recommendations regarding housing, and a rationale as to why these housing needs are warranted based on the student's disability.

9. Please attach copies of tests, diagnostic results, or laboratory results that support the diagnosis and recommendations for housing accommodations.

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MEDICAL PROVIDER'S SIGNATURE:

DATE

Documentation will be kept in a confidential file available only to members of the **Reasonable Accommodations in Housing Review Committee** whose recommendations are based on whether the medical documentation meets the above guidelines. Students will receive notice of decisions in writing.

**Please return to:**

Disability Services Coordinator

204 N Lexington Ave, Wilmore, KY 40390

Fax: (859) 858-2021

Email: [disability.services@asburyseminary.edu](mailto:disability.services@asburyseminary.edu)