



Housing Accommodations Procedure

Students with disabilities may request accommodations in their residence halls by completing a Housing Accommodation Request which includes documentation of a substantially limiting condition from the physician or other appropriate professional. Disability-based housing accommodations include, but are not limited to:

Wheelchair-accessible room and bathroom

Flashing fire alarms and bed shakers

Reduction in number of roommates

IF YOU ARE REQUESTING AIR CONDITIONING ONLY: AC requests are addressed by the Office of Residence Life. See <http://www.umw.edu/cas/residencelife/forms/default.php> for more information.

TO SUBMIT A DISABILITY BASED HOUSING ACCOMMODATION REQUEST: Please complete the following three forms and submit to the Office of Disability Resources:

1. **Housing Accommodations Application** (to be completed by the student)
2. **Permission for Release of Information** (to be completed by the student or parent/guardian)
3. **Documentation of Disability-Related Need for Housing Accommodations** (to be completed by the student and treating professional). In addition to this form the physician must include, ON LETTERHEAD, the date of the most recent office visit of the student, his/her professional credentials, and his/her signature.

DEADLINES: The deadlines for submitting housing accommodation requests to the Office of Disability Resources are February 15 for returning students and June 15 for new or transfer students. Students who submit accommodation requests that are received by the deadline will be reviewed and all approved accommodations are guaranteed. Because housing accommodations are contingent on availability, accommodation requests made after the due date will be provided on a space available basis but cannot be guaranteed. must re-apply **every year** for housing accommodations.

Application Process:

1. Housing Accommodations Committee reviews application.
2. The committee sends a letter to the student notifying him/her whether or not the application was approved.

Submit to:

Director of Disability Resources, 401 Lee Hall, University of Mary Washington,
1301 College Avenue, Fredericksburg, VA 22401 or by fax (540) 654-2155



Housing Accommodations Request Form

To be completed by student. Please print.

Name:		Banner ID (9 Digit Number):
UMW Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Home Phone:		Home Email:
D.O.B.:		Are you a new, transfer, or a returning student? (Circle one).

Please list specific housing accommodation(s) and explain need based upon documented disability.

Request(s)

Justification*

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18)

Signature: _____ Date: _____

*Note – The Housing Accommodations Committee reviews applications to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

Return to: Office of Disability Resources, 401 Lee Hall



Permission for Release of Information

I give permission for the exchange of any medical, educational, sociological, or psychiatric information between the following Departments of University of Mary Washington College:

Office of Disability Resources
Health Center
Psychological Resources Center
Housing Accommodations Committee

And

To be completed by student. (Please print)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

To be completed by student. (Please print)

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Banner ID (9 Digit Number):

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____

Return to:
Office of Disability Resources, 401 Lee Hall



Documentation Of Disability-Related Need for Housing Accommodations

(This top section ONLY to be completed by student. Please print.)

Student:		Phone:
Banner ID (9 Digit Number):	Freshman, transfer, or returning student? (circle one)	D.O.B.:
Address:		

Please print. This form must be completed by the diagnosing professional, who should not be a relative of the student.

1. Diagnosis:

2. What major life activity (e.g., walking, seeing, hearing, breathing, self-care) does the condition substantially limit?:

3. Describe the current impact of the condition: (including negative health impact that may be permanent or life threatening if the request is not granted)

4. Original date of diagnosis: _____

By: _____
[Name]

[Degree/Specialty]

5. Diagnostic criteria/tests used:

6. Date of most recent evaluation: _____

7. Treatments/medications/devices or Resources currently prescribed (name of medication and dose):

8. Expected duration, stability, or progression of the condition:

9. Other specialists that the patient has seen (if known):

10. Recommended housing accommodations:

11. Describe how the recommended housing impacts the condition:

12. Alternative recommendation(s):

(OPTIONAL) Additional comments:

Name of Diagnostician (Please Print): _____

Signature: _____ Date: _____

In addition to this form, please include, ON LETTERHEAD, the date of the most recent office visit of the student, your professional credentials, and your signature.

Please return to Director of Disability Resources, by mail:

Director of Disability Resources
401 Lee Hall
University of Mary Washington
1301 College Avenue
Fredericksburg, VA 22401
(540) 654-1266

or by fax: (540) 654-2155