



The University seeks to provide students with disabilities reasonable accommodations in UA-owned housing in order to afford the student equal access to its housing. To consider a student's request for a reasonable accommodation in housing, Housing and Residential Communities requires documentation of the student's current disability from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and functional limitations and/or restrictions. Said professional or provider shall not be a family member through blood, marriage or other legal arrangement.

See [housing.ua.edu](http://housing.ua.edu) for **appropriate deadlines**. Once completed, please submit the form using either method below:

**Fax:** 205-348-7135  
Attn: Jim Barron

Housing and Residential Communities  
Robert E. Witt Student Activity Center  
Box 870399  
Tuscaloosa, AL 35487

**Mail:** Jim Barron

*To be completed by requesting student*

Student's full, given name: \_\_\_\_\_

Student CWID: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Crimson email: \_\_\_\_\_ Personal email: \_\_\_\_\_

- I am (check all that apply):
- an incoming freshman
  - an incoming transfer student
  - requesting cancellation
  - a current campus resident
  - requesting exemption from living on campus

Requested Roommate *{Roommate requests may not be granted due to space limitations or accommodation}*:

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

- I have read the Medical Requests portion of [housing.ua.edu](http://housing.ua.edu).
- I understand that if I submit my Housing-Related Medical Accommodation Request Form after the deadline, my roommate preference(s) may not be considered. The deadline is April 1.
- I understand that if I am interested in a room change during the contracted period, I will be limited to available rooms that can reasonably accommodate my disability.
- I understand that I must contact the Office of Disability Services to request any **academic** accommodations.
- I understand that specific building requests will not be considered. HRC staff will assign space based on need and availability.
- In evaluating my request, Housing and Residential Communities may need to consult the Student Health Center and the Office of Disability Services. As such, I authorize Housing and Residential Communities to discuss information about me, including any health information, medical condition or disability, with the Student Health Center and/or the Office of Disability Services.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

*To be completed by requesting student's physician/clinician. Psychiatric disabilities should be documented by a psychologist, psychiatrist or other professional trained to treat and diagnose these conditions. HRC retains the right to request additional documentation if needed to determine appropriate accommodations. This form must be completed in full and signed. If the spaces provided are not adequate, please feel free to respond to the questions on letterhead and submit with the remainder of the form completed.*

**Please respond to the following items regarding the student named above:**

1. Federal laws define a person with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

a) Does the student have an impairment that substantially limits any major life activities?  
If yes, please describe the limitations and/or restrictions in detail.

b) How long has the student been under your care? When was the student/patient last seen by you?

c) How long is this impairment likely to continue?

2. Please indicate which of the following housing accommodations you suggest based upon the student's condition:

- |  |   |
|--|---|
| <input type="checkbox"/> Wheelchair-accessible room/building | <input type="checkbox"/> Vibration alarm                    |
| <input type="checkbox"/> Wheelchair-accessible shower/bath   | <input type="checkbox"/> Storage space for medical supplies |
| <input type="checkbox"/> Kitchen access/dietary concerns     | <input type="checkbox"/> Landline phone                     |
| <input type="checkbox"/> Non-communal bathroom               | <input type="checkbox"/> Adaptive access technology         |
| <input type="checkbox"/> Strobe alarm                        | <input type="checkbox"/> Cold storage for medication        |

3. Please describe specifically why the suggested accommodations are necessary to enable the student to reside in UA-owned housing.

Other comments:

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

License # and state and/or other pertinent credentials: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_