

Request for Housing Accommodations



Date: _____

Student ID: _____ Student Date of Birth: _____

Student Name: _____ Student Phone Number: _____

*My signature grants the release of the requested information to Indiana Wesleyan University. Information from this document will be shared with both **Disability Services** in the Center for Student Success and **Housing** in Residence Learning.*

Student Signature: _____

*****Please submit a one-page letter explaining, in your own words, why a housing accommodation is needed due to your disability.*****

Purpose of this document

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act (ADA), individuals with disabilities are guaranteed certain protections and rights of equal access to educational programs and services. Accommodations are made in relation to a documented disability. IWU will collaborate with appropriate external agencies to provide some accommodations.

The information requested on this form is to document a disability, determine the severity, and help determine reasonable accommodations for living on campus. **Students must identify themselves with the Center for Student Success and provide appropriate documentation for their disability.** The documentation must be within three (3) years of the first request to IWU and include information that the diagnosis of the disability indicates the severity and longevity of the condition and offers recommendations for necessary and appropriate residence adjustments.

Adequate Notification

Housing adjustments for disabilities depend upon reasonable notice of need. The greater the adjustments needed in providing accommodation, the greater the advance notice should be. The ability of the University to respond to accommodations is directly related to the notification given by the student. IWU Residence Life requires a twelve-week notice for physical modifications.

Center for Student Success
Indiana Wesleyan University
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Marion, IN 46953
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Fax: (765) 677-2140
Email: tanna.dawson@indwes.edu

Documentation of Disability

A qualified professional must complete this section if documentation needs to be attached or currently on file in the Center for Student Success.

1. Diagnosis: _____
2. Date of diagnosis: _____ Date of last assessment: _____
3. If this is a temporary disability, date it will expire: _____
4. Functional limitations in a residential setting: _____

5. What are your recommendations regarding necessary and appropriate accommodations in a residence environment? (Please provide a continuum of possibilities, if they exist.)

By my signature below, I certify that I conducted or formally supervised and co-signed the diagnostic assessment of the above student.

Professional's Signature: _____ **Date:** _____

Professional's Printed Name and Title: _____

Office Phone Number: _____ **Office Fax:** _____

Office Address: _____
