



## Disability – Related Housing Accommodation Request Student Information

Please be sure you have reviewed Concordia's Housing Accommodation Request Policy and related FAQs for information about the process and how requests are considered.

*Requests for housing accommodations are reviewed in light of Concordia's commitment to fostering student growth and providing the experience of communal living that is so much a part of the learning to live in a broader world. We provide accommodations for students with disabilities in order to facilitate their full participation and access to benefits in our housing program. We do not provide accommodations solely on the basis of a diagnosis, nor do we assign accommodations to the standard housing options because of preferences nor general concerns about housing options that the student anticipates may be problematic simply because they are new and different from past experience.*

Requests for a housing accommodation based on medical, psychological, and disability related needs must be submitted yearly and should include:

1. Documentation, as appropriate, of the condition or need that is the basis of the request;
2. A clear description of the desired housing configuration;
3. An explanation of how the request relates to the impact of the condition;
4. An indication of the level of need for the recommended configuration (and the consequences of not receiving);
5. Possible alternatives if the recommended configuration is not possible.

To evaluate requests based on medical, psychological, and disability-related conditions accurately and equitably, Concordia will need sufficient information to understand how the requested housing assignment relates to the current impact of the condition. For those with medically-related conditions, such documentation generally consists of an evaluation by an appropriate professional providing treatment for the condition. We may require completion of the Disability-Related Housing Accommodation Request Provider Verification form. **A prescription form, brief description, or brief memo/letter is not sufficient information for our review process.**

Documentation supporting a request will be reviewed by the Disability Support Services office and the Housing Accommodation Committee as appropriate. All documentation will be held by the Disability Support Services office and is considered confidential.

**NOTE:** Being approved for a housing accommodation does not guarantee that you will be placed in your first-choice residential hall or with your preferred roommates/friends. Disability Support Services makes determinations regarding functional accommodations in housing and is not involved in the process of assigning a student's specific room or specific roommates/suitemates. This process is managed by Student Life and students will be notified of their specific room assignment separately.

***Please understand that submission of this information does not guarantee that a specific housing accommodation will be provided.***

## **Request for Disability-Related Housing Accommodation**

### **STUDENT INFORMATION**

(to be completed by the student, not the healthcare provider)

Please fill out information as completely as possible.  
Make sure to answer all the questions.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Classification (circle one): Freshman   Sophomore   Junior   Senior

Requesting accommodation for which term: \_\_\_\_\_

1. Please identify your disability and why you believe an accommodation is necessary for access because of your disability:
  
  
  
  
  
  
  
  
  
  
2. What is the history of your disability? How long have you had this diagnosis?
  
  
  
  
  
  
  
  
  
  
3. Describe the functional limitations you experience as a result of this condition. How are your major life activities substantially impacted?

4. What have you done up to this point to try and resolve this problem? How have you managed this in the past?
5. *If applicable*, how is your current campus housing situation related to your condition?
6. *Current Students*: What has changed since you signed your last housing contract? Is this a new disability or medical or psychological issue that has developed since then?
7. Please list the specific housing accommodation being requested. Why is this necessary at this time?

**Keep in mind campus housing has various options including different room configurations, suites with a semi-private bathroom between two rooms, quieter dormitories, apartment-style housing with full kitchens, etc. Allowances may be considered for a student to bring a therapeutic mattress or mattress topper, air purifier, etc. Our goal is to provide access for all students to a safe and supportive living environment as participants in our established residence life program.**

I authorize Concordia University, Nebraska to receive information from the provider listed below. I also authorize my provider to discuss my situation with the appropriate University personnel in order to make a proper determination of necessary accommodations, if appropriate. My signature also indicates that the statements and documentation have been provided by me.

**This also acts as a release of content form for all relevant parties, including those on the Housing Accommodations Committee and other campus professionals, who may be involved in determining housing accommodations or acting in an advisory capacity.**

Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

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

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

*I understand that providing false or misleading information is in violation of the Concordia University, Nebraska Student Code of Conduct and subjects me to any applicable sanctions.*

I understand that submission of this information does not guarantee that a specific accommodation will be granted. Each request is unique and is considered on a case-by-case basis.

Student name (printed) \_\_\_\_\_

DOB \_\_\_\_\_

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

**Please submit to:**

Disability Support Services  
Link - 143  
Concordia University  
800 N. Columbia Ave.  
Seward, NE 68434  
Phone: 402-643-7187  
Fax: 402-643-4218  
ada@cune.edu