



Student Accessibility Services  
1 John Carroll Blvd.  
University Heights, Ohio 44118  
Phone: (216) 397-4967  
Fax: (216) 397-1820  
Email: [sas@jcu.edu](mailto:sas@jcu.edu)

## **Disability-Related Housing Accommodations Request Form**

All requests for housing accommodations for students with disabilities will be reviewed by the Housing Accommodation Committee. Students must provide documentation that indicates a diagnosed impairment that is a current substantial limitation to a major life activity as it relates to housing. If this is a new request, please provide current and comprehensive documentation of the disorder from a current treatment/assessment professional that is qualified to make the diagnosis. The Office of Residence Life will determine an appropriate housing assignment based on accommodation approval and availability in housing vacancies. Student Accessibility Services reserves the right to request additional documentation if necessary in order to provide appropriate services.

To request housing accommodations for the first time, Part I must be completed by the student and Part II must be completed by a current treatment/assessment professional. To renew a housing accommodation request, only Part I must be completed by the student. Please complete the necessary part(s) of this form in its entirety.

Upon completion, please submit to:

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This request form must be submitted each year according to housing deadlines in order to review and renew (as appropriate) accommodations provided through Residence Life.

If you have any questions about housing contracts or deadlines, please contact Residence Life at (216) 397-4408.

If you have any questions regarding available accommodations, please contact Student Accessibility Services at (216) 397-4967.





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6. Were you provided with a private bathroom? \_\_\_\_\_
7. To what residence hall were you assigned junior year? \_\_\_\_\_
8. Was your room assignment junior year single or double occupancy? \_\_\_\_\_



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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DSM IV/ICD 9 Diagnosis: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

Date of Last Evaluation or Clinical Contact: \_\_\_\_\_

Test/Assessments Used to Diagnosis Condition(s): \_\_\_\_\_

The Condition Is: \_\_\_\_\_ permanent \_\_\_ temporary (anticipated duration: \_\_\_\_\_)

B. Does the resident have a disability under this definition (listed below)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Under The Fair Housing Act disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The determination must be made without regard to the effect of mitigating measures, such as medicine.*

C. In your opinion, does any impairment listed above **substantially limit a major life activity in the college residential environment**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Please list any current prescribed medication(s), dosage, frequency, and possible side effects of the medication(s) **as it relates to the need for university residential accommodations**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. How will the student manage these symptoms in other campus settings (e.g., classrooms, etc.) .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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