

Date received in Disability Services _____

Request for Disability Accommodation in University Housing

Date: _____

Name: _____

Furman ID number: _____ Year first enrolled at Furman: _____

E-mail address: _____ Phone number: _____

Documentation: (please check one)

_____ My documentation is on file in the Disability Services Office

_____ I have not yet presented documentation to the Disability Services Office

NOTE: This request cannot be processed until documentation is received and reviewed by Disability Services. (*New documentation may be required yearly.*)

Documentation must meet the following requirements:

- Is provided by an appropriately qualified professional who is not related to the student being evaluated.
- Is typed on official letterhead and signed by the professional. *Documentation on prescription pads is not acceptable.*
- States the nature of the condition for which accommodation is being requested.
- Describes the current impact of or functional limitations imposed by the condition.
- Describes treatments, medications, devices, or services currently prescribed or used to minimize the impact of the condition.
- States the expected duration and degree of stability of the condition.
- Includes the credentials of the diagnosing professional.

Optional: The treating professional may also make suggestions concerning the recommended housing accommodations. These recommendations should:

- Provide a clear description of the recommended housing accommodation.
- Relate the recommended accommodation to the impact of the condition.
- Suggest possible alternatives to the recommended accommodation.
- State the level of need for, or the consequences of not receiving, the recommended accommodation.

Due to limited availability of single rooms, requests for singles due to ADHD or LD cannot be granted.

To be completed by student

Explain the disabling condition:

Requested housing accommodations:

Explain how each accommodation is related to the impact of the disabling condition.

Describe possible alternatives that could be considered if the preferred accommodation is not possible.

Please return completed forms and documentation (within specified deadlines) to:

Disability Services
Furman University
3300 Poinsett Highway
Greenville, SC 29613
Phone: 864-294-2322
Fax: 864-294-3044

For Disability Services use only

Severity:

Is the impact of the condition life-threatening if the request is not met? ___ yes ___ no

Is the request an integral component of the professional's treatment plan? ___yes ___no

Timing:

Was the request made before the relevant deadlines? ___yes ___no

Was the request made as soon as possible after identifying the need? ___ yes ___ no

Feasibility and Availability

Is space available that meets the student's needs? ___ yes ___ no

If not, can space be adapted? ___yes ___ no