



Request for Housing Accommodation

In order to evaluate how the University of the Incarnate Word (UIW) can best meet a student's needs for housing accommodations, the University requires specific diagnostic information from a licensed physician, psychologist/psychiatrist, clinical social worker or other healthcare professional who is **not related** to the student. This professional should be familiar with the history and functional limitations of the student's disability. The student must complete this page of the form. Also, to facilitate the process, UIW requires the student to fill out and sign the Authorization to receive disability-related information found below. This signature makes it possible for the staff of Student Disability Services to speak with the individual who completes the diagnostic part of this form and permission to discuss the student's disability. The licensed professional providing documentation of a disability must fill out pages two and three, sign and date, and then return the completed packet to:

**Student Disability Services
University of the Incarnate Word
4301 Broadway, CPO #295
Administration Building, Suite 51
San Antonio, TX 78209
Phone: (210) 829-3997
Fax: 210-283-6329**

All applicants (undergraduate or graduate) who are seeking housing accommodation(s) due to the functional impact of their disability are ***strongly encouraged to make their request at the earliest possible date***. To ensure equal access, deadlines for submitting housing accommodation requests are as follows:

- March 1st if you are a returning student for the fall semester
- June 1st if you are an incoming student for the fall semester
- September 1st if you are applying for housing for the spring semester
- Deadline of request modification to a meal plan due to food allergy is no later than the last day to drop classes at 100% refund (as posted on the Academic Calendar).

NOTE: Submitting a request for housing accommodation does not eliminate the need for a student to complete a housing application with the Residence Life office.

STUDENT Fills Out Section Below. Please Print Clearly or Type

Student Name: _____

Student ID # _____

Address: _____

Cardinal email: _____

Daytime phone: _____

Authorization to Receive Disability-Related Information

I authorize the University of the Incarnate Word – Office of Student Disability Services to receive information from the licensed professional below. I also authorize the licensed professional to discuss my disability with the Office of Student Disability Services staff.

Name of Licensed Professional: _____

Relationship to Student: _____

Address: _____ Phone: _____

Student signature: _____ Date: _____

CERTIFYING LICENSED PROFESSIONAL Fills Out Section Below. Please Print Clearly or Type

Student's Name: _____

Certifying Licensed Professional completes the section below:

To determine eligibility for housing accommodations, the University of the Incarnate Word requires current and comprehensive documentation of the student's disability from the licensed professional or health care provider familiar with the history and functional limitations of the student's disability. The licensed professional completing this form **cannot** be a relative of the student. **Items 1 thru 5 must be completed in full.** If the space provided is not adequate, please attach a separate sheet of paper. The licensed professional may also attach a report providing additional related information.

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

1) What is the student's disability/diagnosis: _____

a. How long has the student had this disability? _____

b. What is the severity of the disability? _____

c. How long is this disability likely to persist? _____

2) Describe the symptoms related to the student's disability that cause **significant impairment** in a major life activity:

3) List this student's current medication(s), dosage, frequency, and adverse side effects:

- a. Are there any significant limitations to the student's functioning directly related to the prescribed medications? _____ Yes _____ No

If yes, please explain: _____

Please state specific recommendations regarding housing, and a rationale as to why these housing needs are warranted based upon the student's disability. Indicate why the housing accommodation(s) you recommend are necessary. **(Note: Private rooms are subject to availability and are not granted as accommodations for ADHD and Learning Disabilities.)**

- 4) If current treatments (i.e., medications, etc.) are successful, why are the above accommodation recommendations necessary?

NOTE: The licensed professional completing this form cannot be a relative of the student

Signature of Licensed Professional: _____ Date: _____

License #: _____ State: _____

(Please Print) Name/Title: _____

Address: _____

City

State

Zip

Phone: _____ Fax: _____

The licensed professional may also send a report that provides additional relative information.