

University of Virginia  
**Learning Needs and Evaluation Center**  
 Student Request for

**Housing Accommodation for Medical Condition or Disability**

TO BE COMPLETED BY THE STUDENT AND  
 RETURNED TO THE  
 LEARNING NEEDS & EVALUATION CENTER

**Please Print or Type.**

Student Name:	
Student ID or Social Security Number:	
Permanent Address:	
E-Mail Address:	
Primary Phone Number:	
Alternate Phone:	
This request is for housing in the <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer semester(s) of the academic year 20____ -20____.	
<input type="checkbox"/> Incoming 1 <sup>st</sup> Year Student	<input type="checkbox"/> Transfer Student
<input type="checkbox"/> Returning Student (year _____)	<input type="checkbox"/> Graduate Student
Special Student/Scholar Programs:	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Echols	

<p>As with applications to the Housing division for on-grounds housing, requests for housing accommodations will need to be submitted to LNEC for each academic year or summer session. Students should be advised that accommodations for disability take priority over other considerations such as room mates, specific housing locations, etc. Appropriate and current documentation must be on file for consideration of each request.</p>
<p>The student must agree that any information relevant to review of the request for accommodation may be reviewed by appropriate University staff in evaluation and provision of the request(s).</p>
<p>To be complete, requests must include the student's signature affirming agreement and clear responses to the questions below. Requests must also be submitted in a timely fashion according to the deadlines for housing applications for each given academic term.</p> <p><i>Returning students submit Housing applications as early as the November for the next academic year and first year room assignments begin on June 1 for the fall semester. Therefore, to ensure the best opportunity for consideration, it is imperative that students submit disability accommodations requests as early as possible, but certainly prior to June 1<sup>st</sup> for priority consideration. In addition, preferences for specific residential areas or roommate requests may not be possible in order to meet the higher priority of accommodation needs.</i></p>
<p><b>Student Signature:</b></p>
<p><b>Date:</b></p>

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**Please clearly describe the housing accommodation(s) you are requesting:**

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Modified equipment for deaf or hard of hearing persons, including TTY and fire alarms.

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Wheelchair accessible dorm

Wheelchair accessible shower

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Shower seat

Lowered closet rods

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Avoid stairs and/or must be on lower level

Must have wheelchair access to elevator

Wheelchair accessible furnishings (i.e., desk)

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Other(s):

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**Explain how your request relates to your medical condition or disability:**

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Please use the space below (use additional sheets as needed) to provide any other information that will be helpful to staff in evaluating and providing the accommodations that you are requesting. You may choose to address these questions:

1. Is impact of the condition life threatening if the request is not met?
  2. Is there a negative health impact that may be permanent if the request is not met?
  3. Is the request an integral component of a treatment plan for the condition in question?
  4. What is the likely impact on academic performance if the request is not met?
  5. What is the likely impact on social development if the request is not met?
  6. What is the likely impact on the student's level of comfort if the request is not met?
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**Please return to:**

**Debbie Berkeley  
Assistant Director, LNEC  
University of Virginia  
Elson Student Health Center  
400 Brandon Avenue  
Box 800760  
Charlottesville, VA 22908-0760**

**Phone: (434) 243-5180**

**Fax: (434) 243-5188**

**FORMS: student request revised for housing November 2002**