

7. Please specify any housing accommodations you recommend:

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

- a. Is impact of the condition life threatening if the request is not met?
- b. Is there a negative health impact that may be permanent if the request is not met?
- c. Is the request an integral component of a treatment plan for the condition in question?
- d. What is the likely impact on academic performance if the request is not met?
- e. What is the likely impact on social development if the request is not met?
- f. What is the likely impact on the student's level of comfort if the request is not met?

All recommendations are considered. Decisions are made based on the nature of the disability, reasonableness of the request, and with consideration of available housing.

Complete records are on file at the below location and will be available upon request.

Signature

Date

Name (Please Print)

Title

Name of Agency

Phone Number

Fax Number

Street Address

City/State/Zip

Please return to:

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