

## Housing Accommodation Request Form

Please carefully read all parts of this form.

The University of Wisconsin-Stevens Point (UWSP) office of Housing and Residence Life (Housing) recognizes the importance of providing reasonable accommodations in its housing policies and practices where medically necessary. A reasonable accommodation is an exception to housing policies that a resident with a disability may require for equal opportunities.

**Submission of a form with a doctor's note does not guarantee approval. All requests will be carefully reviewed by a committee of licensed professionals from Counseling Services, Health Services, Disability Resource Center, and a Housing representative.**

*Note: Students seeking classroom/exam accommodations and other academic adjustments should contact the Disability Resource Center (DRC) about qualification procedures and documentation requirements. Service animal registration and Emotional Support Animal (ESA) requests should also be directed to the DRC. Exemptions from the requirement to purchase a meal plan should be directed to UWSP Dining via email at [dsc@uwps.edu](mailto:dsc@uwps.edu).*

Your request will be reviewed by the Housing Accommodations Committee once all (4) parts of the Housing Accommodations Request Form are submitted. The Housing office will contact you via your UWSP email account with the committee's recommendation. It may take up to 30 business days for the review process to conclude. We appreciate your time and patience as we work to provide quality care and service to our UWSP campus community.

### PART 1 (To be completed by the student): RESIDENT INFORMATION

Name \_\_\_\_\_  
Last First MI

UWSP Email Address \_\_\_\_\_ UWSP Student ID # \_\_\_\_\_

**Student Status:** Current [ ] Incoming [ ] **Request Dates:** Academic Year: \_\_\_\_\_ Fall: \_\_\_\_\_ Spring: \_\_\_\_\_

NOTE: Requests received less than sixty (60) days before move-in could result in delay of the accommodation if the accommodation requires hall/room placement or similar coordination.

I, hereby, authorize my care provider identified below to provide this form and all information and documents requested herein to UWSP Housing and Residence Life at the following address:

*Housing and Residence Life, Student Service Center Suite 102, 1108 Fremont Street, Stevens Point, WI 54481*

Signature \_\_\_\_\_  
Signed Date

### PART 2 (To be completed by the care provider): PROFESSIONAL INFORMATION

If you are a care provider for the above-named UWSP resident, please provide the follow information:

Name of Medical Professional: \_\_\_\_\_ Title: \_\_\_\_\_

Clinic/Agency Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email (as needed): \_\_\_\_\_

Professional's Licensing Body: \_\_\_\_\_

If not a general practitioner, please provide your areas of professional expertise: \_\_\_\_\_

**PART 3 (To be completed by the care provider): CONDITION REPORT**

Please separately identify any conditions for which the resident needs a housing accommodation. Below is a lettered list of reasonable accommodations specified by UWSP Housing. **Identify by letter each requested accommodation for each numbered condition.** If there are more than four (4) conditions, please attach an additional documentation numbering the conditions separately, beginning with #5.

- A. Single Occupancy Room
- B. Air-conditioned room
- C. Elevator-equipped Hall
- D. First Floor Room
- E. Accessible restroom/shower
- F. Wheelchair accessible ramp to hall
- G. Room near a restroom and/or kitchen
- H. Handicap accessible room (door frame and room space are larger)
- I. Hearing-impaired emergency alarms
- J. Attendant care access
- K. Quiet floor/wing—does NOT need care provider letter as outlined in Part 4 of this form.
- L. If another accommodation is needed, please attach an additional document describing the desired accommodation and identify each accommodation by letter beginning with "M."

**Condition #1:** \_\_\_\_\_

Letter(s) of requested accommodation(s): \_\_\_\_\_

**Condition #2:** \_\_\_\_\_

Letter(s) of requested accommodation(s): \_\_\_\_\_

**Condition #3:** \_\_\_\_\_

Letter(s) of requested accommodation(s): \_\_\_\_\_

**Condition #4:** \_\_\_\_\_

Letter(s) of requested accommodation(s): \_\_\_\_\_

**PART 4 (To be completed by the care provider): STATEMENT OF SUPPORT**

For **each condition** listed above, please provide a statement on your office letterhead including the following information:

1. Identify the care provider who made the underlying diagnosis for that condition and when that diagnosis was made.
2. Identify the major life activities, including those identified by [42 U.S.C. § 12102\(2\)](#) as quoted below, limited by the condition.  

“[M]ajor life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working... [A] major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.”
3. Describe how the requested accommodation will address the identified limitations of (a) major life activit(y/ies). Please be complete and specific for the relationship between the limitations/symptoms and the requested accommodation.
4. Identify any other factors in the residence hall environment that could influence the frequency or severity of the symptoms/limitations experienced.