

Date received in Project Key (a service for student's with disabilities) _____

Request for Disability Accommodation in University Housing

Date: _____

Name: _____

Faulkner ID number: _____ Year first enrolled at Faulkner _____

E-mail address: _____ Phone #: _____

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.

To be completed by student

Explain the disabling condition:

Requested housing accommodations:

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

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

Project Key
Faulkner University
5345 Atlanta Highway
Montgomery, AL 36109
Phone: 334-386-7185
Fax: 334-386-7124

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