

**University of Michigan – University Housing
Documentation for Accommodation Needs Form**

Accommodation requests for an assignment based on a disability or chronic health condition must be submitted to University Housing with information from the student’s treating health care provider or licensed clinical professional regarding the student’s physical and/or psychological condition(s) and functional limitations and/or restrictions. The student, and their guardian if under age eighteen, must fill out the first page of the form acknowledging the Authorization to Release Health Care Information; the health care provider must fill out the remainder of the form and sign it. For all pre-existing conditions, the form must be submitted within five business days of the completed housing application.

Fax: 734-764-6806
 Email: hsg-health-disability@umich.edu
 Mail: Health Disability Coordinator
 Housing Information Office
 1011 Student Activities Building
 515 E. Jefferson St
 Ann Arbor, MI 48109-1316

<u>Office Use Only:</u>	
# :	_____
Sent for Review:	_____
Med Docs Requested:	_____
Final Decision:	_____
Placement:	_____

To be filled out by the Student

 Last, First M.I. _____
 UMID Number

 Street Address

 City _____ _____ _____
 State _____ _____ _____
 Zip _____ _____ _____
 Country

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION: I authorize the provider listed below to release information related to my request to University Housing for the purpose of an accommodation to my housing assignment because of a disability or chronic health condition and to discuss this request with a representative of University Housing, if necessary.

 Name of Provider _____
 Specialty

 Address _____ _____ _____
 City _____ _____ _____
 State _____ _____ _____
 Zip

We will work with students with a legally qualifying disability to meet their individual needs and will engage in an interactive process to determine reasonable accommodations. Accommodations for first-year students with conditions that fall outside of the Americans with Disabilities Act serve as a bridge to assist students with their transition from home to college. Accommodation for a student’s housing assignment because of a disability or chronic health condition supersedes all other requests including roommates. **Air conditioner requests submitted after July 31 are subject to an installation rush fee of \$200.**

I have read and understand the preceding information.

 Student Signature _____
 Date

 Legal Guardian Signature (if student is under 18) _____
 Date

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Licensed Clinical Professional or Health Care Provider must complete and sign the following

To consider the student's request for reasonable accommodation in their housing assignment based on a disability or chronic health condition, University Housing requires documentation from the student's treating health care provider or licensed clinical professional regarding the student's condition and their functional limitations and/or restrictions. All questions must be completed in full. **If additional space is needed, please attach a separate sheet of paper.**

1. Student's disability or chronic health condition diagnosis: _____

2. When was the condition first diagnosed? _____

3. How would you describe the severity of the condition? _____

4. How long is the condition likely to persist? _____

5. When was the student last seen by you? _____

6. What treatment or medications have been prescribed? _____

7. Does the student's disability or chronic health condition significantly limit any major life activities? Please explain. _____

8. Please state specific recommendations regarding the accommodation(s) this student needs in their housing assignment and explain why such an accommodation is warranted based on their disability or chronic health condition. _____

Provider Signature

Date

Please print the following information:

License Number

State

Name of Provider

Specialty

Address

City

State

Zip

Phone

Email

Fax