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

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 _______________

Office Use Only:
# : _____________________________
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

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Updated 4/3/18
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