



Housing and/or Dining Accommodation Request Form

This form is not to be submitted for a Housing Exemption. Information on that process is found here: [Moving Off Campus | Loyola University New Orleans](https://studentaffairs.loyno.edu/res-life/prospective-residents/explore-your-living-options) <https://studentaffairs.loyno.edu/res-life/prospective-residents/explore-your-living-options>

Student Form:

| | |
|----------------------------------|--------------|
| Name: | Date: |
| Email: _____@my.loyno.edu | CWID: |

Loyola believes community is formed through shared experiences and is essential to a holistic academic journey. As a result, we have a three-year residency requirement. All traditional-aged, full-time students are required to have a meal plan.

Please fill out all sections below. Incomplete information may result in a delay to the interactive process. After this form and your diagnostician’s paperwork are submitted, you will have a meeting with a representative of the OAE

What is your disability? (A disability is defined as a physical or mental impairment that substantially limits one or more major life activities) _____

Describe the barriers to the access to or use of campus housing or dining services that you experience/anticipate due to your diagnosed condition.

Describe any accommodations, assistive technology, or services that you are currently using or that you have used in the past to address these needs.

What accommodations or adjustments are you requesting to reduce the impact of these barriers and better facilitate access to or use of campus housing or dining services?

What steps, if any, have you already taken to address these barriers?

Authorization for release of information

I hereby authorize the Office for Accessible Education to obtain documentation from or consult with **my evaluator/clinician named here** (print please) _____ regarding my request for accommodation at Loyola University New Orleans.

Student Signature: _____ **Date:** _____

Office for Accessible Education (OAE)
Housing and/or Dining Accommodation Request Form

Evaluator/Clinician Form:

A clinician should complete the following for a housing/dining request based on the named student's disability-related* needs. The clinician should **have no personal relationship with the individual being evaluated**. The clinician making the diagnosis should have credentials and training directly related to the reported disability/diagnosed condition. For example, an orthopedic limitation should be documented by a physician, not a licensed psychologist.

The clinician need not use this specific form, but all of the information requested here is necessary for the institution to have in order to consider the request for accommodation.

| | |
|---------------------------|--|
| Name of Evaluator: | Licensure: |
| Name of Student: | Date of initial visit/service: Date of most recent visit/service: |

Please provide the following information:

Clearly state the diagnosed disability or condition (include specific DSM-V/ICD-10 diagnosis, as appropriate): _____

Date of diagnosis: _____

Diagnostic criteria or tests used: _____

Treatments, assistive devices, services currently prescribed or used by the student: _____

What are the student's symptoms (including their severity and/or frequency), and known factors that exacerbate the disability/condition (for example, known food allergies, severity and method of contact such as injection, airborne, etc)?

How is the student substantially limited by their disability/diagnosis in their use of or access to our on campus housing facilities or dining services?

What are the housing/dining needs based on the disability/diagnosed condition of this student?

What are your recommendations for accommodations in the residential or dining setting, as they logically relate and support the functional limitations posed by student's disability/diagnosed condition?**

Office for Accessible Education (OAE)

How will the recommended housing/dining accommodation address known barriers encountered by this student to the use of or access to campus housing/campus dining facilities?

Professional's Signature: _____

Date: _____

Telephone Number/Fax: _____

Email (if applicable): _____

**A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.*

***The University determines reasonable accommodations. Recommendations are considered but should not be considered to be approved*