

Housing 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. When considering a request for a housing accommodation, please keep in mind that Loyola offers a wide range of options. Please fill out all sections below. Incomplete information may result in a delay to the interactive process. After this form and your clinician's paperwork are submitted, you will have a meeting with an OAE Coordinator.

What is your disability*?

Describe your condition and/or symptoms and how you think these might impact your on-campus living arrangements.

Does your disability/diagnosis pose any barriers to the access to or use of campus housing that you experience/anticipate?

Describe any accommodations, assistive technology, or services that you are currently using or that you have used in the past to address these impacts or 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? 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 name please) _____ regarding my request for accommodation at Loyola University New Orleans.

Student Signature: _____ **Date:** _____

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

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Evaluator/Clinician Form:

A clinician should complete the following for a housing 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/State:
Name of Student:	Date of initial visit/service: Date of most recent visit/service:

When considering this student's disability-related needs for housing, please keep in mind that Loyola offers a wide range of options, and accommodations, including these (though not comprehensive):

Suite Style Rooms	Single Rooms	Private Room in a Suite
Community Kitchen	Shared Kitchen	Accessible room/bathroom
Community bathroom	Suite Shared Bathroom	Private Bathroom
Additional Personal Refrigerator	Main Campus Location	Lower floor rooms
Additional Vent Cleaning	Emotional Support Animal	Shower Grab Bar

Please provide the following information:

Clearly state the diagnosed disability*

	Diagnosis and DSM-5 or ICD-10 Code	Diagnosis Date	Diagnosing Clinician?
Primary			Yes/No
Secondary			Yes/No
Tertiary			Yes/No

Diagnostic criteria or tests used (check all that apply):

The student/clinician should still submit all applicable evaluations or testing related to the above diagnosis, such as psychoeducational reports, audiology reports, allergy testing, etc.

<input type="checkbox"/> Behavioral Observation	<input type="checkbox"/> Developmental History
<input type="checkbox"/> Educational History	<input type="checkbox"/> Medical History
<input type="checkbox"/> Clinical Interview	<input type="checkbox"/> Interview with others

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<input type="checkbox"/> Lab/medical testing	<input type="checkbox"/> Rating Scales (please list below)
<input type="checkbox"/> Neuropsychological or Psychoeducational Testing (please note dates of testing below)	<input type="checkbox"/> Other (please specify below_

What are the symptoms of the student's diagnoses that will likely impact the student in a campus residential setting:

Symptoms	Severity	Frequency	Duration

Please describe in detail how these symptoms create functional limitations for this student in a campus residential setting:

Please describe your recommendations for accommodations in the residential setting, as well as the rationale, strongly considering on-campus configurations listed on the previous page. If no on-campus configuration is suitable to meet the disability-related need(s), please explain why an accommodation to waive the residency requirement is necessary.**

Please explain the impact to this student if the recommended accommodations are not granted.

Professional's Signature: _____

Date form completed: _____

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*