



Procedures for Requesting Housing Accommodation

Students requiring housing accommodations based on a physical, psychological, or other health/medical disability may request accommodation through Disability Support Services (DSS). The University has established the following procedures to ensure that students with disabilities have equal access to UNC's housing.

Procedures:

1. Apply to Housing:

Students must first apply for housing through UNC's Housing and Residential Education (HRE) website at the following link: <https://studenthousing.unco.edu/Login.asp?TargetPage=Default.asp?>

2. Complete Request Form:

Students must complete and submit the *Request Form for Disability Housing Accommodations*. A completed Request Form must include a personal statement describing the disability and the need for the housing accommodation requested.

3. Submit Documentation of Disability:

Please submit documentation of disability that meets the requirements stated in the *Documentation Guidelines for Housing Requests*. Your documentation must be sufficient to establish a direct link between the disability and the requested housing accommodation(s).

4. Complete the Permission to Release Information Form:

The *Permission to Release Information* Form is found at www.unco.edu/dss under the Accommodations tab on the DSS website.

All required forms must be submitted to:

Disability Support Services
University of Northern Colorado
501 20th Street, CB 139
Greeley, CO 80639
Email: Lorraine.Harris@unco.edu
Fax: (970) 351-4166

5. Deadlines:

Completed requests for disability housing accommodations must be submitted by the following dates:

- a. **June 1 for First-year and New Transfer students**
- b. **March 1 for Continuing/Returning students**

Although applications submitted after these dates will be reviewed and considered, UNC cannot guarantee that it will be able to meet housing accommodation requests received after the above deadlines. Housing accommodations are based on availability and the appropriateness of the requested accommodations.

6. Review of Request:

Applications will be considered through the DSS office after ALL of the requirements are completed as outlined above. The submitted documentation and the student's personal statement are used to evaluate the request. The staff considers the student's current symptoms and limitations, the level of severity of the condition/disability, potential alternative accommodations, and the appropriateness and necessity of the requested accommodations. Students are informed of the status of their request by email, generally within 2 weeks of submitting a completed request.

7. Housing Assignment:

Students who have been approved for housing accommodations will receive a housing assignment with the approved accommodations. Please note that housing assignments are binding for the applicable housing period. After room assignments have been made, students requesting room changes to another location based on a disability-related concern will need to schedule an appointment with DSS to request a new accommodation. If approved, DSS will complete a *DSS Room Change Request Form* and will be subject to housing availability. Students do not have to re-apply every year unless the requests for accommodation change.



Request for Disability Housing Accommodation (Disability/Medical/Health)

This form does not replace the UNC Housing and Residential Education Application & Deposit.

- Students requesting housing accommodations through the Disability Support Services (DSS) office must complete all requirements and procedures for University housing.
- Documentation of the student's disability/medical/health condition must accompany this request form. Students may email, Fax, mail, or hand-deliver their documentation and Request for Disability Housing Accommodation Form to the DSS office.
- All requests will be prioritized in the order in which they are received. Requests will be reviewed and students will be notified by email regarding the outcome of their request. DSS will make every effort to notify students regarding the outcome of their request within 2 weeks after the student has submitted their fully completed request.
- Deadlines for disability housing accommodations are:
 - **June 1 for First-year students and New Transfers**
 - **March 1 for Continuing/Returning students**
- Every effort will be made to accommodate approved requests received by the deadline dates.
- Any application received after the deadline dates will be reviewed based upon housing availability.
- All housing requests are evaluated on a case-by-case basis.

Name _____ Date _____

UNC email address _____ Cell/Contact Number _____

Bear # XXX-XXX-_____ Student Status for year applied (freshman, sophomore, etc.) _____

Please specify your medical, psychological, physical, and/or health disability (please check all that apply).

- ☐ Blind/Low Vision
- ☐ Deaf/Hearing Loss
- ☐ Physical/Mobility
- ☐ Health/Medical Condition (please specify) _____
- ☐ Traumatic Brain Injury
- ☐ Mental Health (please specify) _____
- ☐ Speech/Language Disability
- ☐ Learning Disability
- ☐ ADHD
- ☐ Other (please specify) _____

➤ **Attach most current documentation from treating/licensed professional(s) of above checked disabilities to this form.**

Specify whether your condition is: ☐ Temporary ☐ Permanent

What specific housing accommodation or room configuration are you requesting (please check all that apply)?

- ☐ Room on the ground floor for physical access
- ☐ Building with an elevator (due to mobility-related reasons)
- ☐ Wheelchair accessible room/roll in shower
- ☐ Grab bars in shower/bathroom
- ☐ Full time personal attendant living in residence hall (students are responsible for employing and supervising their personal attendants)
- ☐ Part time personal attendant in residence hall (students are responsible for employing and supervising their personal attendants)
- ☐ Visual emergency signals
- ☐ Single Room
- ☐ Single Room within a Suite
- ☐ Private/semi private bathroom
- ☐ Kitchen Access (due to severe allergies; please complete Severe Food Allergy Form)
- ☐ Kitchen Access (due to other medical/health concern)
- ☐ Other (please specify) _____
- ☐ Other (please specify) _____

Please provide a personal statement describing your medical condition and/or disability and your need for each of the accommodations you are requesting. How does the request(s) above assist in accommodating your disability?

If requesting accommodation for Severe Food Allergies, please print form and give to physician/medical provider to complete. *Severe Food Allergy Documentation Form* at [\(provide link\)](#)

Do you require Academic Accommodations for the classroom? ☐ Yes ☐ No

If "Yes", contact the DSS office at Phone: (970) 351-2289, VP D(d)ea/HOH: (970) 373-5303, Email: Lorraine.Harris@unco.edu to schedule an appointment. For more information visit the DSS website at www.unco.edu/dss.



PERMISSION TO RELEASE INFORMATION

This Permission to Release Information is pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380).

This document will serve as written authorization for Disability Support Services (DSS) to share/receive information as needed in order to review and make decisions about your accommodation request(s). Any disclosure and/or discussion of disability-related information is used to guide DSS for the purpose of coordinating and administering requested accommodations.

Your signature below confirms that you understand that this authorization is deemed effective for the entire period you are enrolled at The University of Northern Colorado and seek the assistance of DSS, unless you otherwise affirmatively revoke your authorization in writing to DSS. The authorization begins at the time this form is submitted and applies during times away from UNC including, but not limited to breaks between semesters, medical leave, studying abroad, etc. Parents must sign for students under 18 years of age.

To facilitate your request for accommodations, DSS may provide information about your accommodation request(s) and disability-related needs to University officials who have a legitimate educational interest in obtaining the information, including the following persons as deemed necessary:

| | |
|--|-------------------------------|
| Housing and Residential Education | Dining Services |
| Dean of Students | Student Outreach and Support |
| Facilities Management | Psychological Services Clinic |
| Emotional Support Animal Committee | Counseling Center |
| DSS Liaison (Designated administrators in various programs throughout the University.) | Other: _____ |
| Psychological Services Center | |

____ I grant permission to the Disability Support Services staff to contact my medical/health care provider or mental health professional to discuss (or to provide to DSS) my disability documentation or medical records solely for the purpose of determining appropriate accommodations at The University of Northern Colorado.

| Provider's Name | Address | Email, Phone, or other Contact Information |
|-----------------|---------|--|
|-----------------|---------|--|

Documentation for DSS can be sent to:

The University of Northern Colorado
Disability Support Services, Campus Box 139
Greeley, CO 80639
(970) 351-2289
FAX: (970) 351-4166
Lorraine.Harris@unco.edu

| Print Last Name | First Name | Middle Initial | Student Signature | Date |
|-----------------|------------|----------------|-------------------|------|
|-----------------|------------|----------------|-------------------|------|

Last 3 Digits of Bear Number: XXX-XXX-_____