UNIVERSITY OF NORTHERN COLORADO

Disability Support Services

PART I: HOUSING ACCOMMODATION REQUEST FORM

Name:_____ Date:_____

Date of Birth:_____ Bear # XXX-XXX-_____ Gender:_____

Phone Number:_____ UNCO email:_____

Current status: □ Incoming Freshman □ Incoming Transfer Student □ Incoming Graduate Student

□ Returning Student □ Other (please explain): _____

Year/Semester for requested accommodation(s) to begin: 20_____ □ Fall □ Spring □ Summer

Have you completed the online Housing and Dining Contract? □ Yes □ No

Current UNCO housing assignment (if any):_____

State the disability/medical condition for which you are requesting housing accommodation(s):

_____

Specify whether your condition is: □ Temporary □ Permanent

Indicate below the housing accommodation(s) and/or room configuration you are requesting (check all that apply).

- □ Room on the ground floor for physical access
- □ Elevator access in building
- □ Wheelchair accessible unit
- □ Grab bars in shower/bathroom
- □ Building access for a personal attendant in residence hall (students are responsible for employing and supervising their personal attendants)
  - □ Part time attendant □ Full time live-in attendant
- □ Visual emergency signals
- □ Single room
- □ Single room within a suite
- □ Private bathroom
- □ Semi-private bathroom
- □ Kitchen access
- □ Emotional support animal (ESA): Refer to the *ESA Request Information and Procedures* at http://www.unco.edu/disability-support-services/accommodations/housing/emotional-support-animals.aspx
- □ Other* (please specify):_____

  _____

  *Note: If the requested accommodation is for severe allergies, please print the Severe Allergy Documentation Form and give it to your physician/medical provider to complete. In most cases, the *Severe Allergy Documentation Form* should be used in place of the *Verification of Disability Form*.

Please list any disability-related special equipment/furniture and adaptive technology that you will bring for use in your campus residence: _____

_____

Will you require assistance in case of evacuation in the residence halls? □ Yes □ No

If so, a DSS staff member will contact you to obtain more information.

Would you like a DSS staff member to contact you regarding relevant disability-related academic accommodations? Additional documentation may be needed. □ Yes □ No

Provide a personal statement below (or attach it to this form) that describes your understanding of your disability/medical condition, its impact on living at UNCO, and your need for each of the requested accommodations in University housing. Additionally, explain how your request(s) reduce the impact of your disability in your campus residence.

Authorization for Use or Disclosure of Medical Information

This document will serve as written authorization for Disability Support Services (DSS) to share and receive information needed for the evaluation of accommodation requests and the coordination and implementation of accommodations and services. To facilitate your request for accommodations, DSS may communicate and/or provide information about your accommodation request(s) and disability-related needs to specific University officials or University offices, as deemed necessary including:

- Housing and Residential Education
- Dean of Students
- Facilities Management
- Emotional Support Animal Committee
- Dining Services
- Student Outreach and Support
- Psychological Services Clinic
- Counseling Center
- DSS Liaison (Designated administrators/staff at the University)

Initials _____ I grant permission to the Disability Support Services staff and my medical provider or mental health professional to release and exchange information and documentation/medical records for the purpose of determining accommodations at the University of Northern Colorado.

_____

Provider's Name Email and/or Phone

_____ _____

Signature of Student Date

_____

Print: Last Name First Name Middle Initial

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

If student is under the age of 18-years-old:

Parent/Guardian Signature:_____ Date:_____

Printed Name of Parent/Guardian:_____