



UNC Housing Accommodation Request Form (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 other 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 drop off their documentation and Housing Accommodation Request 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 no later than 4 weeks after the student has submitted their fully completed request.
- Accommodated housing requests deadlines 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.) _____

Semester/Year for requested accommodations to begin: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

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. Professional should address items #1-9d listed on the [Housing Documentation Guidelines](#). Please provide these guidelines to your provider.**

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 (mobility)
- ☐ 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](#)

Do you require Academic Accommodations for the classroom?

- ☐ Yes
- ☐ No

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