

300 Campus Drive, Bradford, PA 16701 Phone:814-362-7609 Fax:814-362-7518 http://www.upb.pitt.edu/drs

DISABILITY RESOURCES AND SERVICES

## Housing Accommodation Request Form

This request form must be completed in its entirety and <u>medical documentation must be submitted</u> before a request will be given any consideration.

## PERSONAL INFORMATION

First Name:	Middle Initial: Last Name:
Date of Birth:///	Year Level:Freshman Sophomore Junior Senior Graduate
Local/Campus Address (if known	n): Permanent Address:
Street:	Street:
City:	City:
State, Zip:	State, Zip:
Phone:	Phone:
Cell Phone:	Personal Email:
Pitt Email:	
Campus Box Number (if applicab	ole):
REQUESTED ACCOMMODATI	ON

Housing Accommodation Request Form (page 2)

To determine eligibility for housing accommodations, the University of Pittsburgh at Bradford requires current and comprehensive information of the student's disability from the diagnosing physician or primary health care provider. The information provided needs to address:

- the presence of a disability
- the diagnosis
- severity of condition, is the impact life threatening if accommodation not granted
- is the request an integral component of a treatment plan for condition
- duration of condition and expected length the condition will last
- why is a housing accommodation needed (what is the functional limitation requiring the request)
- impact on student of housing accommodation not being granted

Documentation from a qualified medical or other provider in support of your requested accommodation(s). The documentation needs to be written on the health provider letterhead with an original signature.

Decisions about accommodations will be considered using information contained in the documentation using the information above and taking the following into consideration:

- Is the space available that meets the student's needs
- Are there other effective methods of housing configurations that would achieve similar benefits as the requested accommodation
- Does the requested accommodation create a safety hazard (i.e. electrical overload, emergency egress, etc)
- Was the request made within a reasonable time frame relative to the housing application deadline