

Liberty University

Instructions for Requesting Housing Disability Accommodations

1. Student completes Section 1 of the Housing Disability Accommodation Request Form.
2. Student has their health care provider fill out Section 2 of the Housing Disability Accommodation Request Form.
3. Both sections of the Housing Disability Accommodation Request form are submitted to the Office of Disability Accommodation Support (ODAS) via mail, fax, scan/email, or in-person.
4. ODAS reviews the completed form during the next Housing Disability Accommodation Committee meeting.
5. ODAS notifies the student of the committee's decision, in writing, via email or letter.

The Housing Disability Accommodation Committee will review the merits of each completed application on an individual basis. Starting this process does NOT guarantee that accommodations will be approved. Due to limited availability of housing options, the failure to submit a request three months prior to arrival to the University may result in accommodations being unavailable, even if there is a recommendation of ODAS. Please note that accommodations are only for your LIVING SPACE. Your residence hall room is not deemed your only location for studying, therefore requests for a single room based on studying issues will not be considered. All required documentation must be completed and submitted to ODAS for requests to be considered.

- Requests for special accommodations must be submitted each academic year the student resides on campus.
- Student agrees that all information provided with this request may be reviewed, as needed, by appropriate University staff.
- Roommate request will be considered, but cannot be guaranteed.

Name (Print): _____ Date: _____

Signature: _____ LUID#: _____

Liberty University

Housing Disability Accommodation Request Form

The Office of Residence Life provides reasonable accommodations to residents with disabilities who have a verifiable need for the accommodation. Verification of the need for the accommodation requires documentation provided by an appropriate professional.

Section 1: To be completed by applicant

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ Email: _____@liberty.edu

Male: _____ Female: _____

Semester(s) Requested: Fall _____ Spring _____ Summer _____ Year: 20____ - _____

I am requesting:

Please provide a personal statement supporting your request and describe how the request relates to your condition:

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Section 2: To be completed by Health Care Professional

Student Name: _____

1. What is the student's relevant medical diagnosis?

Date of diagnosis: _____

Last office visit: _____

The condition is _____ permanent _____ temporary (anticipated duration _____)

Prescribed medication(s): _____

2. Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the disability interferes with one or more major life activities.

3. Please describe the desired housing accommodations and explain how the request relates to the impact of the condition:

Health Care Professional's Contact Information

Please place physician's stamped contact information here

Health Care Professional's Name (Print): _____

Signature: _____ Date: _____

My signature verifies that I am the treating professional and that the contents are accurate.

Please submit both portions of the request form via fax, Attn: Accessibility Services Coordinator to 434-582-3858; alternatively, you may scan and email it to Accessibility@Liberty.edu or mail it to:

**Office of Disability Accommodation Support
Liberty University
DeMoss Hall #1264
1971 University Boulevard
Lynchburg, VA 24515**