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 delivered to the Office of Disability Academic 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 request to be considered. Updated documentation from Section 1 & Section 2 is required to be submitted each year the student resides on campus.

☐ 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: ____________________________________________
Liberty University
Housing Disability Accommodation Request Form

The Office of Student Housing 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: _________________________________________  LU ID# ________________________

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:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Liberty University
Housing Disability Accommodation Request Form

Section 2: To be completed by Health Care Professional

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:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Health Care Professional’s Contact Information
Please place physician’s stamped contact information here

Signature: __________________________________________ Date: ________________

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

Please submit both portions of the request forms via fax Attn: Denny McHaney at 434-582-2297 or scan and email to odas@liberty.edu or mail to:

Office of Disability Academic Support
Liberty University
1971 University Boulevard
Lynchburg, VA 24502