

# Housing Disability Accommodation Request

## Accommodation Request Documents

The accommodation request for housing accommodations in LUAccommodate must include an attachment of the **Disability Verification Form for Housing Accommodation**.

This form must be completed by a qualified, licensed healthcare provider – see the following description:

*Liberty University requires documentation from an appropriately qualified healthcare provider who is currently treating the student to accurately and equitably evaluate each request. The healthcare provider must have an active professional license from the Commonwealth of Virginia or the state of the student's permanent residence. The qualified healthcare provider completing all parts of the Disability Verification Form for Housing Accommodations cannot be related to the student.*

## Accommodation Request Process

The housing accommodation process always includes (but may not be limited to) the following steps:

1. Submission of a request through LUAccommodate by the student, including the attachment of a completed Disability Verification Form for Housing Accommodations.
2. Student meeting with ODAS staff
3. Verification of the disability by ODAS staff based on documentation
4. Housing accommodation notice submitted to Residence Life
5. A response from Residence Life regarding the request
6. Reply to the student regarding the accommodation request

## Reasonable Accommodation

The Office of Residence Life provides reasonable accommodations to residents with Disabilities, who have gone through the process of disability verification with ODAS, in so far as it is reasonably possible to do so.

Due to the limited availability of housing options, failure to submit a request at least **three months before arrival** to the University may result in accommodations being unavailable, even if the accommodation request was approved by ODAS. Please note that housing accommodations are only for your **living space**.

Please note the following:

- Requests for housing accommodations must be submitted **each academic year** the student resides on campus and cannot be guaranteed for any subsequent academic year.
- All information provided with this request may be reviewed, as needed, by appropriate University staff.
- Specific building/room/hall requests may be considered by Residence Life but cannot be guaranteed.
- Roommate requests may be considered by Residence Life but cannot be guaranteed.

# Disability Verification Form for Housing Accommodations

Section 2 of this form must be completed by a licensed healthcare provider.

## 1. IDENTIFYING INFORMATION

Student's Name \_\_\_\_\_

LUID Number \_\_\_\_\_

Student's Email \_\_\_\_\_

@liberty.edu

Student's Phone \_\_\_\_\_

## 2. TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Note: A letter may not be submitted in place of this form unless all the information below is included in the letter.

### A. Diagnostic Information

A.1 Please state the complete diagnosis (ICD-10 and/or DSM-V): \_\_\_\_\_

A.2 Date of Diagnosis: \_\_\_\_\_

A3. In addition to the DSM-V and/or ICD-10 criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

√	Criteria	Notes (please add information to a checked area)
	Structured or unstructured interviews	
	Interviews with other persons	
	Medical tests	
	Medical history	
	Behavioral observations	
	Developmental history	
	Psychological testing	
	Other (please specify)	

### B. Contact History

B1. This student has been under a provider's care for this issue since: \_\_\_\_\_

B2. Date student was last seen: \_\_\_\_\_

### C. Impact of Condition

C1. How long is this condition likely to persist? (Permanent/Temporary): \_\_\_\_\_

**C2. How often is the student required to check in with a provider?**

- Once a week     
  Once a month     
  Every 3-4 months     
  Every 6 months  
 Once a year     
  As needed     
  Other: \_\_\_\_\_

**C3. Is the student currently taking medication(s) for their symptoms?**       YES     NO

If yes, what medication(s) is the student currently taking? For each medication, describe the side effects and any impact on academic performance. Do limitations/symptoms persist even with medications?

Medication and Dosage	Side Effects	Academic Impact	Symptoms Persist with Medication?

**C4. Please note to what extent each of the following major life activities are affected due to the diagnosis.**

1 – Unable to Determine      2 – No Impact      3 – Mild Impact      4 – Moderate Impact      5 – Substantial Impact

Major Life Activities					
	1	2	3	4	5
Caring for oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking					
Standing					
Lifting/Carrying					
Sitting					
Performing manual tasks					

Major Life Activities					
	1	2	3	4	5
Sleeping					
Eating					
Working					
Interacting with others					
Communicating					
Other (please list)					

**C5. Please describe the type and frequency of symptoms currently experienced by the student and how they substantially limit the major activities identified above (ex. Student has a severe migraine headache 3-4 times a week preventing her from being able to stand, walk, or see well).** \_\_\_\_\_

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## D. Disability Accommodations

D1. What housing accommodations do you believe are necessary for the student to have equal access to Liberty's student housing facilities based on the diagnosed disability (ex. Ground-floor, wheelchair access to shower)?

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D2. Please describe how these housing accommodations relate to the major life activities that are substantially limited by the student's disability (ex. Ground-floor access will make it possible for the student to access the dorm room as the disability affects the student's balance and ability to walk).

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## E. Credentials and Signature

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Name and Title (Print)

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Address (Print)

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Phone (Print)

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SIGNATURE (Handwritten or stamp)

Date

## 3. SUBMISSION INFORMATION

**Students should submit this completed form in LUAccommodate when submitting a request.**

Licensed Healthcare Providers may submit this completed form by:

Scan & Email: [accessibility@liberty.edu](mailto:accessibility@liberty.edu)

Fax: 434-582-3858

Mail: Office of Disability Accommodation Support  
Liberty University  
DeMoss Hall 1264  
1971 University Boulevard  
Lynchburg VA 24515