

*Instructions for Requesting
Housing Disability Accommodations*



The Office of Residence Life (ORL) 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. To request a Housing Disability Accommodation, please follow these steps:

1. Complete Section 1 of the Housing Disability Accommodation Request Form.
2. Have your health care provider complete Section 2 of the form.
3. Deliver completed request packet to the Office of Disability Accommodation Support (ODAS) via mail, fax, scan/email, or in-person.
4. ODAS will review your request during a Housing Disability Accommodation Committee meeting.
5. ODAS will notify you 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 the limited availability of housing options, failure to submit a request at least **three months prior to arrival** to the University may result in accommodations being unavailable, even if the accommodation request was approved by ODAS. Please note that accommodations are only for your **living space**.

All required documentation must be completed and submitted to ODAS for request to be considered, with the following qualifications:

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

Please sign and date below to confirm your understanding of this information.

Name (Print): _____ Date: _____

Signature: _____ LUID#: _____

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Section 1: To be completed by the 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's 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.

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Section 2: Continued.

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 stamped contact information here:

Health Care Professional's Name (Print): _____

Signature: _____ Date: _____

My signature verifies that I am the treating professional and that the information provided in Section 2 of this request form is accurate.

Please submit all four pages of this form to the Office of Disability Accommodation Support:

- **Fax:** 434-582-3858, Attn: Accessibility Services Coordinator
- **Scan & Email:** Accessibility@Liberty.edu
- **Mail:** Office of Disability Accommodation Support
Liberty University
DeMoss Hall #1264
1971 University Boulevard
Lynchburg, VA 24515