

University of Pennsylvania
Office of Student Disabilities Services
Request for Housing Accommodation

The Offices of Student Disabilities Services (SDS), Residential Services (RS), and Student Health Services (SHS) work closely together to identify appropriate and available housing solutions for students with documented disabilities and serious medical conditions. Students requesting special accommodation(s) must complete and submit this form in order to receive consideration. *Please note, a diagnosis in and of itself does not automatically qualify you for the accommodation(s) requested.*

New students: Incoming freshmen must submit this form by May 2. All other new applicants must submit this form within 2 business days of completing the housing application. Please be aware that as the summer progresses space becomes more limited and requested accommodations may not be available.

Returning students: Returning students should submit their request well in advance of room selection to allow time to process. Please be aware that as space becomes more limited, requested accommodations may not be available.

Section I. To be completed by the student. Please print clearly or type:

Personal Information:

Name (last, first, middle): _____ Address: _____
City/State/Zip: _____ Date of Birth: _____
Email: _____ Cell Phone: _____ Home Phone: _____

Classification:

- ___ Incoming Freshman
- ___ Transfer
- ___ New Graduate/Professional Student
- ___ Returning Student
- ___ Other (please explain): _____

Please specify the **semester** and **year** for which you are requesting an accommodation: _____

Health Condition:

Name of disability/health condition(s): _____

Describe your understanding of your disability and the probable impact on living at Penn: _____

Please describe any adaptive technology, including hardware/software, or specialized equipment that you use: _____

The information I have provided is accurate to the best of my knowledge. I authorize and consent for SDS to consult, as needed, with clinicians to clarify documentation, and University personnel on a need to know basis. I understand this information I have provided will be reviewed and placed in my permanent Student Health record.

Student Signature:

Date:

Section II. To be completed by the clinician/health care provider (Please type)

Name of disability/disorder/health condition(s): _____

Date of diagnosis: _____

Does the condition significantly limit a major life activity? ____ Yes ____ No

Please explain how the major life activity is ameliorated or eliminated by any treatment or medication being given to this student:

List current medication(s), dosage and frequency, adverse side effects, if any, and potential impact on housing:

Describe severity of condition and its probable impact on the student's living situation at Penn.

Please describe housing accommodations needed based on functional limitation(s) caused by the student's specific disability/disorder/illness.

Please assess if the student is at risk in event of an emergency evacuation (for example, fire):

CERTIFYING MEDICAL PROFESSIONAL

Name (print):

Phone:

Signature:

Fax:

License Number:

E-mail:

Address:

This information will be reviewed and accommodation decisions made in accordance with the policies of the University of Pennsylvania. For further information or discussion please contact the Office of Student Disabilities Services, 215-573-9235.

Student Signature:

Date:

Return this form to:

Office of Student Disabilities Services, University of Pennsylvania

3702 Spruce Street, Philadelphia, PA 19104-6027. Phone: 215-573-9235 Fax: 215-746-6326