

**Elmhurst University**  
**Housing Accommodations Request**

**Student's Name:** \_\_\_\_\_ **Student e#:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Academic Status**      **Freshman**      **Sophomore**      **Junior**      **Senior**

**Schoolyear** \_\_\_\_\_

**Specific Housing Accommodation Requested:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appropriate Disability Documentation must be submitted with the Housing Accommodation Request. Medical and psychological documentation will be confidentially maintained by the Access and Disability Services Office. Housing accommodations for students with documented disabilities are determined based on the need for equal access; this determination is not made based upon a perceived benefit to the student.

**I authorize the ADS Office to contact the person providing the documentation if clarification or further information is needed.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**(if student is under 18 years of age)**

**Housing Accommodations Request Deadlines:**

**Fall Semester-February 15 (Current Students)**

**May 1 (New Students)**

## DOCUMENTATION FOR HOUSING ACCOMMODATIONS

**STUDENT'S NAME:** \_\_\_\_\_

**Student's e# (provided by student):** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**Specific Accommodation Requested:** \_\_\_\_\_

**Healthcare Provider's Name:** \_\_\_\_\_

The above-named student at Elmhurst University has requested housing accommodations due to medical reasons. To evaluate this request, the Office of Access and Disabilities Services requires documentation from a licensed professional (not a relative of the student) who can explain how the requested housing accommodations will impact the medical condition. The information you provide will be maintained in the student's confidential file. This form should be emailed to the address below:

Access and Disability Services  
Elmhurst University  
190 Prospect  
Elmhurst, IL 60126  
disability.services@elmhurst.edu  
(630) 617-6448

**Student's Diagnosis:** \_\_\_\_\_

**Date of Original Diagnosis:** \_\_\_\_\_

**Date of Last Evaluation:** \_\_\_\_\_

**When was the student last seen by you?** \_\_\_\_\_

**Please describe the treatments and/or medications that have been prescribed:**

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**The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. Does the student's condition substantially limit any major life activities? \_\_\_\_ Yes \_\_\_\_ No**

**If yes, please describe the limitations:**

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**How will the requested housing accommodation impact the medical condition?**

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\_\_\_\_\_  
**Healthcare Provider's Signature**

\_\_\_\_\_  
**Date**

**License number** \_\_\_\_\_

**Healthcare Provider Address** \_\_\_\_\_

**Healthcare Provider Phone Number** \_\_\_\_\_

**Healthcare Provider Email Address** \_\_\_\_\_