Housing Accommodation Request Form to be completed by the student

Name: __________________________________________

XUID: ____________________________

Xavier e-mail address: ____________________________

Current Class Status: (indicate by checking one)

First Year

Sophomore

Junior

Senior

Graduate

Cell Phone: ____________________________

Current Room Assignment: ____________________________

Do you currently have a medical housing accommodation? ___Yes ___No

Do you currently have documentation on file with Disability Services? ___Yes ___No

Please answer the following questions. Answer the questions as thoroughly as possible, as this information will be used by the Housing Accommodation Review Committee to make the decision.

1. Please specify the medical, physical, or psychological condition for which a housing accommodation is needed. ______

2. Will the accommodation be needed on a temporary or permanent bases? If temporary please include expected duration. _____

3. Please specify the type of housing accommodation you are requesting. ______

4. Please provide a thorough explanation of how the request (#3) relates to the need (#1).

5. If you do NOT currently have a housing accommodation, please address the need for an accommodation for next year.
Pertinent information regarding this Process:

Please check each statement to indicate that you have read the statement and agree to move forward in the process of securing an accommodation.

1. Students who are approved for Housing Accommodations will NOT be eligible to participate in the Lottery/Room Selection process. Approved students will be assigned to a space based upon their housing needs, not their housing preferences. ________

2. Decisions are made by the Housing Accommodation Review Committee (HARC) based only upon the information provided by the student and provider. Members of the committee are staff of Residence Life, Disability Services, and Health and Wellness. Decisions made by the HARC are final. ________

3. Once a request is approved, the student will be notified of their assignment and given a number of roommates they can have assigned with them. The student will provide the name of the preferred roommate(s) to the Office of Residence Life (ORL). ORL will then send an email to the preferred roommate(s) to ask for confirmation of a reciprocal request. The student and the preferred roommates will NOT be eligible to participate in the Lottery/Room Selection process. ________

4. A student who has been approved through this process may NOT decline their housing accommodation assignment and choose to go through the Lottery/Room Selection process. ________

5. If a request for housing accommodation is denied by the HARC, the student will need to participate in the Lottery/Room Selection process. ________

6. Students will be notified of decisions in writing via Xavier e-mail shortly after the deadline. ________

7. A diagnosis of a disability in and of itself does not automatically qualify an individual accommodation under the ADA (Americans with Disabilities Act – ADA). ________

8. Documentation must be from a health care provider who provides services for your disability. Family members are NOT acceptable medical providers. ________ (See page 3 for more details.)

My signature below indicates I have read and agree with the process. It also indicates I have been truthful in my responses. Falsifying or misrepresenting facts or information may result in disciplinary action. Additionally, it gives permission to the Housing Accommodation Review Committee to review the documentation provided. I understand this will be done on a limited basis and for the sole purpose of making an informed decision on my request. Information submitted for review will be protected as confidential within the Office of Disability Services.

_______________________________________________    _________________________
Signature                                           Date