



Request for Disability Accommodation for Housing Assignment

The following guidelines have been established to accommodate students who have special disability-related needs that may impact their on-campus housing.

Procedure Statement:

Priority housing requests based on medical, psychological or other disability-related needs are initiated by completing the Housing Accommodation packet and submitting it to the Disability Services (DS) office. Upon submission, students requesting housing accommodations must also formally register with DS. DS and the Housing office will review requests on a case by case basis. Decisions are based upon availability of the requested housing arrangement, along with the respective needs of all applicants. Documentation of a special need or disability **does not** guarantee that your request will be approved.

This request is only for housing accommodations at ECU related to the functional limitations associated with your disability. Additional information will likely be needed before academic accommodation can be provided. Please contact DS for additional information.

Please complete the following three forms and submit to Disability Services:

1. Student-completed form: "Housing Accommodation Request".
2. Student- or parent-completed form: "Permission for Release of Information"
3. Student- and Physician/Professional-completed "Documentation of Disability-Related Need for Housing Accommodation" form with requested information **on letterhead**.

The priority deadlines for submitting the *Housing Accommodation Packet* to Disability Services for Fall Semester are April 1 for returning students and June 15th for new students. For new students entering ECU in the Spring Semester the dates are November 15 and April 15 for new students entering ECU for the Summer term. Failure to meet the priority deadline may mean that the residence hall of choice is not available. **Students must re-apply every year** for housing accommodation(s). Returning students should visit with the Disability Services office to determine if their documentation needs to be updated before completing and submitting their Packet.

Application Process:

1. Schedule a meeting with the Disability Services Coordinator by calling 580-559-5677.
2. Submit the completed *Housing Accommodation Packet* to the Disability Services office.
3. Disability Services reviews Housing Accommodation Packet.
4. Disability Services sends a letter to the student notifying him/her of the outcome of the review.

Submit to:

Teresa Fisher, Disability Services Coordinator
Disability Services
Room 159 Administration
1100 East 14th Street, PMB S-35
Ada, OK 74820-6999, or by fax (580)559-5294



Housing Accommodation Request Form

To be completed by student. Please print.

_____		_____	
Last Name	First Name	MI	ECU ID# (or SS# if unknown)
_____ Male	_____ Female	_____ Age	Email Address _____
Mailing Address _____		_____	
PO Box or Street Address _____		Home Phone _____	
_____		_____	
City	State	Zip	Cell Phone

Please list specific housing accommodation(s) and explain need based upon documented disability. Attach additional sheets as necessary.

Request(s)

Justification*

I understand that I must provide supporting documentation to Disability Services in order to be considered for accommodations in my housing assignment. This includes submitting a statement of need from the appropriate Physician/Professional to DS to support my request.

(To be signed by student if age 18 or older. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____

*Note – The Office of Disability Services reviews applications to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

Return to: Disability Services, Administration Building, 159B, East Central University, 1100 East 14th Street, PMB S-35, Ada, OK 74820-6999, or by fax (580)559-5294



Permission for Release of Information

I give permission for the exchange of my medical, psychological, psychiatric, sociological, or educational information between the following Departments of East Central University to facilitate the processing of my application packet requesting accommodation(s) in the residence hall:

Disability Services
Health Services
Student Counseling Center
Department of Housing, Residence Life and Dining Services
Other _____

And

To be completed by student. (Please print)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

To be completed by student. (Please print)

Student Full Name:	ECU ID# or SS#:
Home Address:	
Home Phone:	Cell Phone:
Email:	

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18)

Signature: _____ **Date:** _____

Return to: Disability Services, Administration Building, 159B, East Central University, 1100 East 14th Street, PMB S-35, Ada, OK 74820-6999, or by fax (580)559-5294



Documentation of Disability-Related Need for Housing Accommodation

(This top section ONLY to be completed by student. Please print.)

Name:		ECU ID:	
Home Phone:	Cell Phone:	Email:	
Address:			

This form must be completed by a professional who is qualified to diagnose or make an evaluation of existing records and who should not be a relative of the student.

Name of Diagnostician
(Please Print): _____

Address: _____

Office Phone Number: _____
Office Fax Number: _____

Signature of Diagnostician: _____
Date: _____

In addition to this form, please include, ON LETTERHEAD, your professional credentials, and your signature. Also, include the following information:

- Clearly state the diagnosed disability or disabilities including the original date of diagnosis and date of the most recent evaluation.
- Diagnostic criteria used.
- The current impact on major life activities or functional limitations resulting from the student's disability.
- Treatments, medications, devices and/or services currently prescribed or used to minimize the impact of the student's disability.
- The expected duration, stability or progression of the student's disability.
- A description of the recommended housing arrangements (e.g., private room, private bath, accessible level, etc.) based on the impact of the functional limitations associated with the student's disability.
- Alternatives if the request is not practical for ECU to implement.

The requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's Housing request. DS will maintain the requested documentation and respect the student's confidentiality at all times.



This request is only for housing accommodations at ECU related to the functional limitations associated with this student's disability. Need for academic accommodations must be documented separately. Please contact DS for additional information.

Please return to Coordinator of Disability Services, by mail:

Teresa Fisher, Disability Services Coordinator
Office of Disability Services
Room 159 Administration
1100 East 14th Street, PMB S-35
Ada, OK 74820-6999, **or by fax** (580)559-5294