



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 Testing and Accessibility Services (TAS). Upon submission, students requesting housing accommodations must also formally register with TAS. TAS and Housing and Residence Life 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/imitations associated with your disability. Additional information will likely be needed before academic accommodation can be provided. Please contact TAS for additional information.

Please complete the following three forms and submit to Testing and Accessibility 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.

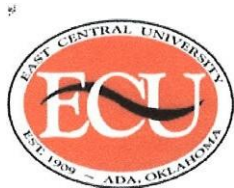
Application Process:

1. Submit the completed *Housing Accommodation Packet* to the Testing and Accessibility Services office.
2. Testing and Accessibility Services reviews Housing Accommodation Packet.
3. Testing and Accessibility Services sends a letter to the student notifying him/her of the outcome of the review.

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 OS for additional information.

Submit to:

Kim Rogers, Director
Testing and Accessibility Services
Fentem Hall 301
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:

Testing and Accessibility Services
Health Services
Student Counseling Center
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:
Student Full Name:	
ECU ID#	
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: Testing and Accessibility Services, Fentem Hall Room 301, 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 licensed in Oklahoma, 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.
- The current impact on major life activities or functional limitations resulting from 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. TAS will maintain the requested documentation and respect the student's confidentiality at all times.



Housing Accommodation Request Form

To be completed by student. Please print.

Last Name		First Name		MI	ECU ID #
_____ 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 Testing and Accessibility 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 TAS 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 Testing and Accessibility Services reviews applications to ensure that the claimed disability is a "substantially limiting condition" as defined by the Americans with Disabilities Act.

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