SPECIAL HOUSING NEEDS FORM

Carnegie Mellon HOUSING AND DINING

Only residential students who have special housing needs are to complete and submit this form.

TO BE COMPLETED BY STUDENT

Last Name	*First Name*	*MI*

Date of Birth	*__Pre-College ___Incoming First Year ___ Upperclassman*	*Summer Phone Number / Summer Email Address*

Special housing requests are subject to recommendation by University Health Services based on medical documentation and availability of accommodation. This Special Housing Needs Form is to be thoroughly completed and returned to the address at the bottom of this page as University Health Services will not issue a recommendation without this documentation. Housing and Dining Services will make every attempt to accommodate housing preferences in conjunction with a reviewed special housing need for which University Health Services recommends accommodation; however, the limited capacity of some areas and the number of students to be housed may dictate that you be assigned to an area you did not indicate as one of your preferences. Requests received after room assignments are issued may not be honored due to decreased availability.

1. Do you require a housing accommodation for asthma or allergies, i.e., non-smoking roommate, no carpeting?
   ☐ Yes ☐ No
2. Do you require a housing accommodation for any other medical reason or condition?
   ☐ Yes ☐ No
3. If you believe you will need special accommodations on campus in addition to housing, i.e., academic, dietary, mobility, etc. and would like to have a confidential conversation with a university staff member, please check here and you will be contacted.
   ☐ Yes ☐ No

TO BE COMPLETED BY PHYSICIAN

Please have your physician complete, sign and date this portion of the form.

Physician's Last Name	*First Name*	*MI*

Physician's Phone Number	*Diagnosis of condition(s)*

Type of accommodation needed:

Physician's Signature	*Date*

The following university offices are available to assist you at any time. Please contact the appropriate office to discuss your specific need:

University Health Services at 412-268-2157/ Fax 412-268-6357
Counseling and Psychological Services at 412-268-2922
Equal Opportunity Services at 412-268-4747

Upon completion and submittal of this form, you should expect the following events to occur:

1. University Health Services will receive your form and review it.
2. If a consultation has been requested, a university staff member will contact you.
3. If a recommendation is determined necessary, University Health Services will forward a recommendation to Housing and Dining Services.
4. A housing accommodation based on the recommendation will be made provided the request is received and reviewed prior to June 15. After June 15, accommodations will be subject to the limited availability at that time. Some of these accommodations may have an associated cost such as for air conditioning.
5. Assignment information will be communicated by July 15.

Please return this completed form to: University Health Services
Carnegie Mellon University
1060 Morewood Avenue
Pittsburgh, PA 15213

or fax completed form to: 412-268-6357