

Carnegie Mellon University

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University Housing Accommodation Request Form

Students with disabilities or medical conditions that require special housing accommodations in on-campus residence halls may request such accommodations by completing this document and securing appropriate documentation from a licensed medical or mental health professional. Accommodations are intended to provide students with reasonable support for their diagnosed condition.

Please complete the following sections of this form and submit to the Office of Disability Resources:

- Section 1: Application for Housing Accommodations
- Section 2: Authorization to Release Information

Please have a relevant, licensed medical or mental health professional complete the following section of this form:

- Section 3: Documentation of Accommodation Needs, attaching supplementary medical information as needed.

The student must currently be in treatment with the medical or mental health professional.

Procedures for Housing Accommodation Requests

1. Student and their medical or mental health professional should complete and return the University Housing Accommodation Request Form (attached). Students should send forms to:

Office of Disability Resources
5136 Margaret Morrison St.
Pittsburgh, PA 15213

Phone: 412-268-6121
Fax: 412-268-2583
Email: access@andrew.cmu.edu

2. Disability Resources will review the documentation to determine whether the requested accommodations are reasonable. Accommodations will be developed to meet the student's medical needs and ensure their equal access to university housing. The accommodations granted may not be identical to those requested by the student but will meet their medical needs as documented by their medical or mental health provider.
3. If clarification is needed on any information in order to evaluate requested accommodations, the Office of Disability Resources will engage in an interactive process, seeking clarification from the student and/or their medical or mental health professional as appropriate. University Health Services and/or Counseling and Psychological Services staff may be called upon by Disability Resources to serve in a consultative role as needed, to provide additional information about the diagnosed condition(s).
4. **Deadline:** Incoming students matriculating in the fall should submit request forms for housing accommodations by June 1st. Current students requesting new housing accommodations should submit request forms by February 1st for fall, or October 1st for spring. While Disability Resources will make every effort to review request forms and documentation that are submitted after the deadline, they are unable to guarantee that accommodation requests will be met if the requests are received late. Please note that by submitting the University Housing Accommodation Request Form, the student is opting out of the regular housing selection process.

Section 2: Authorization to Release Information (To be completed by the Student)

Completing this section will authorize the Office of Disability Resources or other Carnegie Mellon employees acting on behalf of the Office of Disability Resources to contact your diagnosing/treating professional to discuss any questions or request clarification.

Authorization to Release Health Care Information: I authorize the provider listed below to release information related to my request to the Office of Disability Resources, for the purpose of an accommodation to my housing assignment because of a disability or chronic health condition; And to discuss this request with the Office of Disability Resources, if necessary. Information released could include my diagnosis, functional limitations, treatment history, and/or prognosis.

Name of medical or mental health professional: _____

Title of medical or mental health professional: _____

Address of medical or mental health professional: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Fax #: _____

To be signed by the student if age 18 or older. To be signed by parent/legal guardian if student is not yet 18 years old.

Signature: _____ Date: _____

Section 3: Documentation of Accommodation Needs
(To be completed by the Licensed Medical or Mental Health Professional)

To ensure that the Office of Disability Resources can make an informed decision on the student's requested housing accommodations, Disability Resources requires documentation from a licensed medical or mental health professional who has been treating the requesting student. Please answer the following questions as completely as possible. In addition to completion of this document, please submit documentation on official letterhead listing your specialty, licensure information, the date that you last saw the requesting student, and your signature. For the purposes of this document, "disability" is understood as a physical, sensory, cognitive, or psychological impairment that substantially limits one or more major life activities.

1. Student's diagnosis/es related to their disability:

2. When was the condition first diagnosed: _____

3. Please describe the severity of the diagnosed condition:

4. What treatment or medications have been prescribed and/or recommended to address the diagnosed condition?

5. What treatment have you provided (please include start and end dates)? Is treatment ongoing?

6. Please explain how the student's diagnosed condition substantially limits any major life activities:

7. Please state specific recommendations for housing accommodations that this student needs and explain why these accommodations are medically necessary given their diagnosed condition and associated disability. (Note: If requesting a single room, please indicate whether the student can share communal living space and/or bathroom with others in the dormitory generally or with roommates/suitemates. If student cannot share communal living space and/or bathroom, please explain why not.) _____

8. How did you derive these recommendations? Please check all that apply:

- Student's or parent's request for specific accommodation
- Clinical assessment to determine need for accommodation
- Mutual agreement determined through discussion between clinician and student
- Other _____

Signature: _____ Date: _____

Name: _____

License number: _____

Area of specialty: _____

Date of last visit: _____ Phone: _____ Fax: _____

Section 4: For Carnegie Mellon Office of Disability Resources use only

Date of initial request for housing accommodations: _____

Date all medical information was received: _____

Housing accommodations approved by Disability Resources:

Date of decision: _____