

Florida Agricultural & Mechanical University
Center for Disability Access and Resources
Request for Housing Accommodation

The Center for Disability Access and Resources (CeDAR) and University Housing work closely together to identify appropriate and available housing solutions for students with a documented disability to afford access to housing. Students requesting special housing accommodation(s) must complete and submit this form in order to receive consideration. Reasonable accommodation(s) are determined on an individual basis after considering the specific disability and documentation of functional limitations in accordance with the Americans with Disabilities Act (ADA) and the Section 504 of the Rehabilitation Act.

Accommodation requests based on personal preferences, such as a low-distraction environment, specific room or roommate assignment, or allergen-free housing, are not reasonable and cannot be honored.

Please note, a diagnosis in and of itself does not automatically qualify you for the accommodation(s) requested.

New students: Incoming freshmen must submit this form by June 1. All other new applicants must submit this form within 2 business days of completing the housing application, but no later than the following dates:

- Fall: June 1
- Spring: December 1
- Summer A/B: April 1
- Summer C: May 1

Please be aware that as the summer progresses space becomes more limited and requested accommodations may not be available.

Returning students: Returning students should submit their request well in advance of room selection to allow time to process, but no later than the following date:

- Fall: February 1
- Spring: December 1
- Summer A/B: April 1
- Summer C: May 1

Please be aware that as space becomes more limited, requested accommodations may not be available.

All students should adhere to the dates for submittal as noted in the housing agreement. Please note, the availability of a room that meets the students need(s) will be impacted if this form is submitted after the submittal date.

Section I. To be completed by the student. Please print clearly or type:

Personal Information:

Name (last, first, middle): _____ Address: _____

City/State/Zip: _____ Date of Birth: _____

Email: _____ Cell Phone: _____ Home Phone: _____

Classification:

___ Incoming Freshman

___ Transfer

___ New Graduate/Professional Student

___ Returning Student

___ Other (please explain): _____

Please specify the **semester** and **year** for which you are requesting an accommodation _____

Health Condition:

Which major life activity(ies) does your disability substantially limit?

Describe your understanding of your disability and the impact on living at FAMU:

Please describe any adaptive technology, including hardware/software, or specialized equipment that you use:

The information I have provided is accurate to the best of my knowledge. I authorize and consent for CeDAR to consult, as needed, with clinicians to clarify documentation, and University personnel on a need to know basis. I understand the information I have provided will be reviewed and placed in my Student Health record.

Student Signature: _____

Date:_____

Section II. To be completed by the clinician/health care provider (Please print or type)

The provider completing this form cannot be a relative of the student.

Date of diagnosis: _____

Does the condition significantly limit a major life activity? ____ Yes ____ No

Which major life activity(ies) is limited by the patient's disability: _____

Please explain how the major life activity is ameliorated or eliminated by any treatment or medication being given to this student:

List current medication(s), dosage and frequency, adverse side effects, if any, and impact on housing:

Describe the impact on the student's living situation at FAMU. What functional limitation(s) and/or physical environmental barrier(s) does this disability present in terms of housing?

Please describe housing accommodations needed based on functional limitation(s) and/or physical environmental barrier(s) caused by the student's specific disability/disorder/illness.

Please assess if the student is at risk in event of an emergency evacuation (for example, fire):

CERTIFYING MEDICAL PROFESSIONAL

Name (print): _____

Phone: _____

Signature: _____

Fax: _____

License Number: _____ License Type: _____

E-mail: _____

Address: _____

Date: _____

This information will be reviewed, and accommodation decisions made in accordance with the policies of the Florida Agricultural & Mechanical University. For further information or discussion, please contact the Center for Student Disability Access and Resources, (850) 599-3180.

Return this form to the Center for Disability Access and Resources either via email to nately.sautie@famu.edu or upload to the AIM portal.