Housing Accommodation Request Form | Residence Life & Housing

Name: __________________________________________ Date: _____________ Student ID: G00

E-mail: __________________________ Phone #: __________________________

Current Class: □ FR □ SO □ JR □ SR

ROOMMATES (Returning Students Only. New students should request roommates on the online housing form)

To be completed by each requested roommate.
I am planning on living with the student requesting accommodations. I will accept the placement the above student receives and understand that I will not be able to participate in the Housing Selection Process. I understand that if the student making the request for accommodation does not live in the assigned housing area, I may be moved to a different housing location.

Name ___________________________ ID #____________ Signature _______________________________
Name ___________________________ ID #____________ Signature _______________________________
Name ___________________________ ID #____________ Signature _______________________________
Name ___________________________ ID #____________ Signature _______________________________

DOCUMENTATION (select one)

(Appropriate documentation must accompany this form—see back of this page)

□ I have completed and submitted an Accommodation Request Form along with the appropriate documentation to Disabilities & Learning Services (DLS). My submitted documentation indicates specific environmental conditions needed to accommodate my needs. DLS Accommodation Request Form and Documentation Guidelines: http://www.cu-portland.edu/services/tutoring/disabilities.cfm

□ I have attached documentation from a medical professional (MD, NP, PA) that includes a diagnosis and the specific environmental conditions necessary to accommodate medical/disability needs.

RELEASE OF INFORMATION

I acknowledge that an exchange of information may need to take place between medical personnel noted in my documentation, the Housing Office, Health and Counseling Center, Disabilities & Learning Services and/or other University staff. I give my permission for such communication when necessary. I also give permission for the Housing Office staff to discuss my case with the following additional individuals and/or offices:

□ Parents (list their names): ___________________________________________________________________________
□ Additional medical personnel/offices: __________________________________________________________________

Student Signature: ___________________________ Date: ___________________________
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Please read this information carefully. To be considered for a housing accommodation, all supportive medical information must either accompany this form or be on file with Disabilities and Learning Services (DLS). No request will be considered until all documents have been submitted. Please see the criteria below for information regarding the specific documentation needed.

The University is generally able to accommodate medical/disability needs for on-campus housing. All medical/disability related accommodations will be made in the context of University policies applicable to the individual making the request.

Accommodation DEADLINE DATES: Accommodation forms turned in AFTER these dates may not be accommodated.

Returning Students: Requests are due by 5:00 p.m. March 1st for the following year or following a new diagnosis requiring accommodation.
New Students: Freshman and new transfer placements begin in early May. In order to receive fullest consideration, requests should be submitted by March 1st. Requests received after this deadline will be accommodated based on available housing.

Documentation and Process
Please attach the following documents to this form –

1. A specific, detailed diagnostic statement from a licensed medical physician, nurse practitioner, or physician’s assistant:
   a. Include a specific diagnosis
   b. Include the date that medical conditions appeared

2. Detailed list of specific environmental conditions needed to accommodate the medical needs. This information must be signed by a licensed medical physician, nurse practitioner, or physician’s assistant and on the clinic’s letterhead.

3. General notes or statements without a specific diagnosis and list of necessary accommodations will not be accepted.
   a. Documentation should comply with university standards outlined on the university website
      i. http://www.cu-portland.edu/services/tutoring/disabilities.cfm

4. The Director of Housing will evaluate the medical information in conjunction with the Health and/or Counseling Services, and/or Disability & Learning Services (DLS). You may be asked to meet with Housing staff to further discuss your situation. Once your situation has been reviewed and a decision has been made, you will be notified by the Res Life/Housing Office.

5. If you have previously submitted documentation to the DLS, this documentation may be considered, provided it meets the criteria specified above. Once your situation has been reviewed and a decision has been made, you will be notified by the Res Life/Housing Office.

These forms and additional documentation can be submitted by mail:
Concordia University: Student Services
Attn: Maura Page
2811 NE Holman Street
Portland, OR 97211
Or by FAX: 503-493-6575
Attn: Director of Housing, Maura Page