



HOUSING ACCOMMODATION REQUEST FORM

Any student wishing to voluntarily self-disclose as having a disability and request accommodations should complete the form below. All information provided, including documentation submitted to substantiate your disability, will be kept confidential. Please note that reasonable accommodations may not be implemented retroactively, so being timely in requesting accommodations is very important.

PERSONAL INFORMATION

Date: _____ Student #: _____

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Ethnicity/Primary Language: _____

Baptist Email Address: _____

Phone: _____ Can a message be left at this number? ☐ Yes ☐ No

Student Status: ☐ Current BHSU Student ☐ Transfer/Incoming Student

Program of Study/Major: _____

Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate (DNP)
☐ OMS1 ☐ OMS2 ☐ OMS3 ☐ OMS4

Term requested accommodation to begin: ☐ Fall ☐ Spring ☐ Summer

Emergency Contact: _____
Name *Relationship*

Emergency Contact Phone: _____

I give the ADA Coordinator permission to contact my emergency contact should they determine that an emergency situation exists.

Signature

Date



DISABILITY INFORMATION

Nature of Impairment: (Check all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Medical/Physical Impairment |
| <input type="checkbox"/> Head Injury/TBI | <input type="checkbox"/> Psychological Impairment |
| <input type="checkbox"/> Deaf/Hard-of-Hearing | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Other (Please Specify) _____ | |

When was your condition first diagnosed?

QUESTIONS ABOUT DISABILITY/ACCOMMODATIONS

Please answer the following questions as thoroughly and honestly as possible in order to assist us in determining what the most appropriate accommodations are for you.

1. What accommodation(s) is being requested for campus housing? (Please be specific)
2. How does your condition directly impact or interfere with your daily living activities/access to campus living?
3. What barriers does your condition present for you that you believe will be removed by the implementation of your requested accommodation(s)?



4. If accommodations have not been used in the past, please address why accommodations are being requested at this time.

I understand that the information provided on this form will be used by the ADA Coordinator at Baptist Health Sciences University to assist in determining the most effective accommodations and/or compensatory strategies for my use.

Student Signature

Date