



Disability Resource Center  
124 Wimberly Hall  
Phone: 608.795.6900  
Fax: 608.785.6910

## REASONABLE ACCOMMODATION REQUEST FORM FOR RESIDENCE LIFE

The University of Wisconsin La Crosse (“UWL” or the “University”) provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A disability is defined as *a physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to fully participate in the housing program. The enclosed Reasonable Accommodation Request Form authorizes you to provide the information requested on this form.

So that we may better evaluate the request for this accommodation, please fully complete the following questions. If handwriting responses, please do so legibly.

Following an initial review, **the medical information below may need to be completed by the resident’s health care provider.**

1. Your name: \_\_\_\_\_
2. Today’s Date: \_\_\_\_\_
3. Academic Year of Housing Application: \_\_\_\_\_
4. What is the disability or disabilities?
  
5. Identify your impairment(s) and describe how each impairment substantially limits your ability to perform a major life activity (e.g., walking, breathing, sleeping, seeing, hearing, socializing, etc).

The University works with students to provide a wide array of accommodations to students so that they can continue to fully participate in campus housing. These include, but are not limited to:

- Single rooms
  - Single rooms with private bathroom
  - Change of room assignment
  - Assignment near to a restroom
  - Assignment with kitchen access
  - Assignment to room with accessible bathroom
  - Removal of room furniture/bed to provide space for equipment/bed
  - Shower chairs
  - Removal of shower head to provide specialized shower attachments
  - Alerting devices for fire alarm
  - Air conditioning
  - Extra Refrigerator
  - Assignment to a building with an elevator or first floor
6. In your opinion, what above housing accommodation would allow you to fully participate in the University housing program?

7. Explain how the accommodation is necessary for you to fully participate in the housing program.

**Authorization to Receive and Share Information**

\*\*By completing this form and signing below, I verify that I have a disability as defined above. I give permission to The Disability Resource Center to disclose information related to my housing accommodation request to the Housing Accommodation Committee, Residence Life, and if applicable the Affirmative Action office. In addition, this signature authorizes The Disability Resource Center to contact the provider below for any additional information directly related to this request.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Provider Confirmation

Your patient provided information above related to a disability reasonable accommodation request, see above. Please answer the following question:

1. Student name:
  
2. Please identify the disability/disabilities: \_\_\_\_\_
  
3. Please check the ways that the disability/disabilities limits major life functions below:

<b>Major Life Activity</b>	<b>Check if limited by disability</b>
Breathing	
Walking	
Standing	
Reaching	
Lifting	
Performing Manual Tasks	
Maintaining Stamina	
Communication with peers	
Seeing	
Hearing	
Sleeping	
Managing Stress	
Emotional Expression	
Bodily Functions	
Other:	
Other:	
Other:	

4. Please describe the ways the limitations of major life functions may impact the resident's ability to fully participate in UWL's Housing Program.
  
  
  
  
  
  
  
  
  
  
5. Are there any other factors that contribute to this resident's need for the requested accommodation?
  
  
  
  
  
  
  
  
  
  
6. Please attached any additional documentation that might be helpful in the accommodation process. (e.g., medical file notes, test results, etc.)

By signing below, I affirm that the information provided above is completed to the best of my knowledge and that the resident has a disability as defined on page one of this form.

Name and position of verifier (print): \_\_\_\_\_

Signature of verifier: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.