Request for Special Housing Accommodation

There are limited housing spaces available for accommodations and priority will be given to individuals who are eligible to receive accommodations under Section 504 or the Americans with Disabilities Act (ADA). Under the ADA, individuals must document the impact of their disability on major life activities. For example, individuals experiencing vision, physical and hearing impairment, neurological impairments, or chronic life threatening systemic disabilities are eligible for academic and physical accommodations. All disabilities and medical history pertaining to the disability must be documented by a licensed and board certified medical provider with competence and expertise in the area of diagnosis.

In order to determine if special housing is a reasonable accommodation, we must receive detailed documentation of the need for special housing. Medical Documentation for Housing must be submitted to support your request. Please note that special requests must be submitted and approved annually.

In order to ensure the provision of reasonable and appropriate accommodations and services, current and comprehensive documentation is required. It should be submitted with professional letterhead and the qualifications of the examiner provided. A decision on housing accommodations cannot be made without proper documentation.

**In order for your documentation to be as complete as possible, the following questions should be answered:**

- What is the problem/diagnosis?
- What is the history? How long has this been going on?
- How long will it continue?
- How does the problem manifest itself?
- What aggravates the problem?
- What makes it better?
- What sort of housing situation is NEEDED or ideal?

The following commonly heard reasons, for example, would not be grounds for accommodation unless a diagnosis and documentation are provided:

- I can’t study around other people.
- I’m a light sleeper and noise bothers me.
- I get stressed or have anxiety being around roommates.

If you are requesting an accommodation to include a roommate, your documentation must state clearly why a particular roommate may be a part of your accommodation.
Name: ______________________________ Class year: ______ Date:_____________

Current Housing Assignment: _______________ Phone #: ___________________________

Email: ________@gustavus.edu

Have you already had any medical documentation submitted to another Gustavus office?

Yes____ No_____ (If “yes,” which office?__________________________)

Accommodation Requested: __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Please explain your need for the accommodation (be as specific as possible):

Submit completed form to:
Director of Residential Life
800 West College Ave
St. Peter, MN 56082
507-933-7529 (office)
507-933-6197 (fax)

Be sure to have supporting documentation (see “Documentation for Housing Accommodation Request” form) sent from a doctor or medical care provider!