

Student Request for Accessible Residential Accommodations (ADA)

Accessible Housing Accommodations are provided on a case-by-case basis with relation to a student's documented disability(ies). To qualify as a student with a disability covered under the Americans with Disabilities Act (ADA), the student must have a current condition that substantially limits a major life activity, and the accommodation requested must be deemed reasonable and appropriate in order to establish access to Roger Williams University's residential life program. A diagnosis, in and of itself, does not automatically qualify the student for the requested accommodations. In order for your request to be considered, please submit this form in its entirety to the Student Accessibility Services Office (sas@rwu.edu).

*Please note that there is a separate process/form for an Emotional Support Animals (HUD/FHA) request.

*Returning Student Renewal/Request Deadline: February 28th **First Year Incoming Student Request Deadline: June 30th

Student Name: Student ID #

Student e-mail: @g.rwu.edu Date of Request:

I am a (check one): returning/current student new incoming first-year student
new transfer student applying for readmission to the University

I am requesting housing accommodations for the:

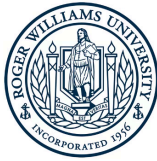
Fall Semester Spring Semester Winter Intersession Summer Full Academic YEAR

I authorize my treating clinician(s) to communicate with Roger Williams University to provide consultation regarding requested accommodations.

Accessibility Accommodation(s) Requested:

- Each item must be supported by a personal rationale, on the next page, and documentation from your treating clinician that identifies an area of substantial limitation.

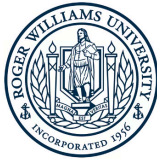
- First Floor Location Location without stairs
Housing on the Main RWU Campus No Top Bunk
Wheelchair Accessible No Carpet (limited and may be without A/C)
Air Conditioning Illumination Strobe
Bed-shaker
Single Room (traditional style within a suite/unit; w/no kitchen or bathroom)
Low-Use Bathroom (used by less than 10 students)
Private Single-Use Bathroom (only used and accessed by self)
Semi-Private Bathroom (used by 1 other student)
Dietary Restrictions (that have been discussed with Dining Services)
Other:



Student Statement: Based on my medical/physical/mental health diagnosis, I am requesting housing accommodation(s) and I have checked and ranked above to allow me to fully use and participate in residential housing for the following reasons: *(please address each of the housing accommodations checked above)*

Student's signature: _____ **Date:** _____

Roger Williams University reserves the right to make accommodation determinations on an individualized case-by-case basis.



Treating Practitioner’s Verification of Disability/Illness
Related to Request for Accessible Residential Accommodations (ADA/504)

Documentation, and pages 3-4 of this form, must be provided/completed by a treating licensed or credentialed professional with specific training or expertise related to the condition(s) that have been diagnosed. This request form must be fully legible and completed in its entirety for processing.

Student Name: _____ **Today’s Date:** _____

RWU Student ID #: _____ **Class rank (FY, SO, JR, SR, GR):** _____

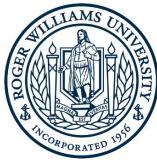
Diagnosis/es: _____

Date of Last Clinical Contact: _____

Date of Initial Diagnosis: _____

Severity of current symptoms (select one): **Mild** **Moderate** **Severe**
Condition is (select one): **Stable** **Temporary** **Prone to exacerbation** **Episodic** **Permanent/chronic**

1.) Describe the current functional limitations due to the disabling condition, demonstrating how a major life activity is significantly limited by the condition.



2.) Is there any other information we should know about the student to work equitably and effectively with them? Housing and Residential Life accommodation suggestions?

I understand that the information provided will become part of the student's record and may be released to the student upon their written request.

PRINT Name of Verifying Professional

PRINT Title

License #

Verifying Professional's Signature

Date

Address: _____

Phone Number: _____

City, State, Zip Code: _____

Please save, scan, and email the completed form to sas@rwu.edu