

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: March 17th **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 accommodation requested ***must*** be supported by a personal rationale and documentation from your treating clinician that identifies an area of substantial limitation.

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:

Student's signature: _____ Date: _____



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

Documentation, and pages 2-3 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

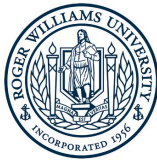
Temporary

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