

Request for Housing Accommodations

College of Charleston provides housing accommodations on a case-by-case basis for students with a documented disability in accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. The Center for Disability Services and Campus Housing department work closely together to identify appropriate and available housing solutions for students who qualify for an accommodation(s). Students must complete this form in order to receive consideration. Please note that a diagnosis alone does not necessarily qualify you for the requested accommodation(s). The documentation must also support the need for the accommodation.

Returning students: Returning students should submit their request well in advance of room selection for the following academic year with a priority deadline of February 15. Please be aware that as space becomes more limited, requested accommodations may not be available.

New students: The priority deadline for incoming freshman and transfer students is May 1. Please be aware that as space becomes more limited, requested accommodations may not be available.

If the need for the accommodation arises at another time during the academic year, when a student already resides in college housing, they should contact CDS as soon as practically possible. Please note that CofC cannot guarantee that it will be able to meet the accommodation needs during the term in which the request is received.

Please carefully review the information for [Requesting Campus Housing Accommodations](#).

Request for Housing Accommodations Verification Form

SECTION 1: To be completed by the student.

Student Name: _____ CWID: _____

Classification:

Incoming Freshman

Transfer

Returning Student

Other

Semester and full academic year to which this request applies: _____

Note: Housing accommodation requests must be made each academic year.

Name of the disability for which accommodation(s) is being requested:

Please describe your symptoms and probable impact on living in campus housing:

Please state your housing accommodation request:

The information I have provided is accurate to the best of my knowledge. I authorize and consent for CDS to consult, as needed, with medical professionals to clarify documentation and College personnel on a need-to-know basis.

Student Signature: _____ Date: _____

Request for Housing Accommodation Verification Form

Section II: To be completed by a qualified medical professional

(Please note that a qualified medical professional is a licensed health care provider within the field of specialty. For example, mental health disabilities must be documented by a licensed mental health professional).

You need not use this specific form, but all the information requested here is necessary for College of Charleston to have in order to consider the request for a housing accommodation; this form is provided as a convenience.

For examples of common housing accommodation requests, please refer to the Information for [Requesting Reasonable Housing Accommodations](#).

1. Name of the disability or medical condition for which accommodation(s) is being requested:

Date of Diagnosis: _____

2. Does the condition significantly impact a major life activity? ____ Yes ____ No
If yes, list any substantial limitations specific to housing (e.g., living with others; seeing/hearing fire alarms, etc.).
3. Provide a complete description of the desired accommodation and discuss why this accommodation is necessary, including why the needs cannot be met without this accommodation

Example 1: Flashing alarm in room to alert student of emergencies. Without accommodation, the student's safety is at risk.

Example 2: Private room within suite to control environment and minimize exposure to life-threatening food allergies. Without accommodation, the student's health is at risk.

COLLEGE of CHARLESTON

CENTER FOR DISABILITY SERVICES

4. Are there possible alternatives? ___Yes ___No
If yes, please explain.

5. Please share any additional information or comments.

Please provide contact information, sign and date this questionnaire (below), and return it to your client/patient so that they may submit it to our office with their CDS application.

Signature of Certifying Medical Professional

To determine eligibility for a housing accommodation, College of Charleston requires the student to be a qualified student with a disability (i.e., have a physical or mental impairment that substantially limits one or more major life activities) and submit documentation from an appropriate licensed health care provider.

As the provider you must be familiar with the history and functional limitations of the student's disability. You are not eligible to complete this form if you are related to the student or a close friend.

Printed Name/Credentials/Field: _____

Signature: _____ Date: _____

License number: _____

Address: _____

Phone: _____ Email address: _____

Fax: _____