# http://upload.wikimedia.org/wikipedia/en/thumb/5/58/UniversityOfNewOrleansLogoHorizontal.jpg/240px-UniversityOfNewOrleansLogoHorizontal.jpg

**Student Request Form for Student Housing**

**Accommodations**

***To Be Completed By Student***

University of New Orleans University is committed to the full participation of students with disabilities in all aspects of college life, including the residential life experience. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), University of New Orleans University has established procedures to ensure that the needs of students with documented disabilities are accommodated.

#### Students should allow adequate time for the application materials to be reviewed and accommodations to be considered.

**A review may take 2-4 weeks.**

Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation Requested for \_\_\_\_\_\_\_ Fall \_\_\_\_\_\_ Spring \_\_\_\_\_\_ Summer Year 20\_\_\_\_\_

1. What is your documented disability or medical condition?
2. Please provide an explanation, with examples, of how your disability or medical condition impacts your ability to participate in on-campus housing/residential life.
3. Please list any modifications/accommodations in on-campus housing you are requesting to accommodate the impact of your disability.
4. **Application Checklist**
* Relevant disability-related documentation/request forms to be completed, if relevant, by professionals:

<http://www.uno.edu/disability-services/documents/prospective-disability-student-packet.pdf>

<http://www.uno.edu/disability-services/documents/Medical-Professional-Meal-Plan-Accommodation-Documentation-2014.pdf>

To be completed, if relevant, by students:

<http://www.uno.edu/disability-services/documents/Student-Meal-Plan-Accommodation-Application-v2-2014.pdf>

<http://www.uno.edu/disability-services/documents/UNO-Assistance-Service-Animal-Guidelines.pdf>

<http://www.uno.edu/disability-services/documents/UNO-Student-Housing-Emotional-Support-Animal-Guidelines.pdf>

* I have included documentation of my disability.
* I have already submitted documentation of my disability.
* I understand I must follow up with the Director of Disability Services to set an appointment to discuss accommodations
* I understand that I must apply for student housing in accord with those policies, procedures, and deadlines.

Submit this form and all disability-related documentation to:

Director, Student Accountability, Advocacy and Disability Services

University of New Orleans

UC 248

2000 Lakeshore Dr.

New Orleans, LA 70148

Fax: 504-280-3975

### By my signature below, I state that the above information and statements are true. I give my consent for the Director to contact any of my medical professional(s), identified in my medical documentation, for additional information as needed to assess my requested accommodations. This acts as a release of content form for all parties necessary to be involved in determining accommodations.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature Date***