

Office of Disability Services
HOUSING ACCOMMODATION REQUEST FORM

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Marquette, MI 49855
Phone: 906.227.1737
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Email: disability@nmu.edu

Northern Michigan University (NMU) is committed to the full participation of students with disabilities in all aspects of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), NMU has established procedures to ensure that students with documented disabilities receive housing assignments that meet their needs as required by law.

The documentation below, along with a statement written by the student, will determine whether the student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s). Documentation will assist the Office of Disability Services in understanding how the disability impacts the student in the residence halls and the current impact of the condition(s) as it relates to the housing request. This form, and all relevant information, must be completed or provided by an appropriate qualified medical professional. All documentation and subsequent accommodations will be evaluated on a case-by-case basis.

FOR NMU OFFICE ONLY

Term/Year: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____ Date Received: _____
Reviewed by: _____ Decision: _____
Notes: _____

TO BE COMPLETED BY THE STUDENT:

Name: _____ NMU IN: _____

Permanent Address: _____

NMU Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Gender: _____ Effective Term: Fall Winter Summer Year: _____

Requested Housing Accommodation: _____

Student Signature: _____ Date: _____

AUTHORIZATION OF INFORMATION

I authorize the provider listed below to release information related to my request to Northern Michigan University's Office of Disability Services for the purpose of an accommodation to my housing assignment and to discuss this request with a staff member of NMU Disability Services.

Name of Medical Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number of Provider: _____

Student Signature: _____

MEDICAL VERIFICATION: TO BE COMPLETED BY HEALTHCARE PROVIDER

A patient at your practice is a student at Northern Michigan University and is requesting housing accommodations. Part of the process of requesting housing accommodations is submission of current medical documentation that provides insight into the student's condition, its impact on their ability to live on campus, and recommended accommodations. Please complete the following sections in full. If additional space is needed, please attach additional documentation.

Section I: Patient Information

Patient's Name: _____ DOB: _____

Diagnosis/Condition: _____

ICD-10 or DSM-V Code(s): _____

Date of diagnosis: _____

The condition is: Permanent Episodic Temporary

What is the severity of the condition? _____

When did you last see the student? _____

Is the student a current patient under your care? _____

Section II: Definition of Disability

The Office of Disability Services provides reasonable accommodations to students with diagnosed disabilities. A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, intellectual or developmental disabilities, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The term major life activities means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning and speaking.

Is the student disabled as defined above? Yes No

Does the student require medical/therapeutic equipment? Yes No

CONTINUED: MEDICAL VERIFICATION: TO BE COMPLETED BY HEALTHCARE PROVIDER

Section III: Accommodation Recommendations

Does the patient's impairment(s) significantly limit any major life activities (see Section II) as would be encountered in a residential community? If yes, please describe in detail.

What is the impact of the condition in the living environment? What is the severity of that impact (mild/moderate/ severe)? Please explain.

Considering the mental and physical requirements of being a student in college and life in residence halls, what accommodations or services would you recommend to address the effects on daily functioning caused by the student's medical condition? Please provide us with an indication of the level of need for the accommodation(s) (and the consequences of not receiving it).

Is the proposed accommodation a medical necessity for the student to live in residence halls? What barriers of living in campus housing would this accommodation eliminate? Please explain.

Please indicate whether and how the student may be at risk during an emergency:

What are the potential alternatives if the requested accommodation is not possible:

Additional Comments:

CONTINUED: MEDICAL VERIFICATION: TO BE COMPLETED BY HEALTHCARE PROVIDER

Healthcare Provider's Name: _____

Title: _____

Area of Specialty: _____

Type of License: _____

State of License: _____ License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

My signature verifies that I am or have been this student's treating health care professional and that all the contents above are true and accurate.

Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO:

The form can be turned in by mail, email or in person.

The Office of Disability Services
Northern Michigan University
2101 Hedgcock
1401 Presque Isle Ave.
Marquette, MI 49855
Email: disability@nmu.edu