

University Housing Request for Medical Accommodation for On-Campus Housing

Student Information

Name: _____ Student ID Number: _____
(Last, First, M.I.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail Address: _____
(include area code)

Note regarding air conditioners: The majority of our space is air-conditioned. If air conditioning is required, we will place you in available space.

Student: You are required to submit this form to University Housing to document your medical accommodation request. Documentation must be received within two weeks of the submission date of your housing application, or your request may not be considered. Return this completed form and attached statement from your health care practitioner with your application to:

Contracts & Assignments Office
4141 Burge Hall
Iowa City, IA 52242-1214
Fax: (319) 335-2979

Medical information and documents received are considered confidential and shared only with staff that is charged with reviewing and implementing requests for an accommodation. This information will have no bearing on your general eligibility for housing.

Certifying Health Care Practitioner(must specialize in the area of the condition or disability and not be a friend of the family or related to the student)

Name of Health Care Practitioner: _____

Specialty: _____ Phone number: _____
(include area code)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Initial Contact With Student: _____ Most Recent Contact: _____

Please give the diagnosis, functional limitation, recommendation regarding accommodation needs as relating to housing and your justification for this recommendation on your professional office letterhead(no prescription pad paper please) and attach to this sheet.

Signature: _____ Date: _____