IOWA | University Housing and Dining

REQUEST FORM FOR REASONABLE DISABILITY ACCOMMODATION

→ HOUSING.UIOWA.EDU/ASSIGNMENTS

Part I – Student Information

Please complete this information, using separate pages if needed. Students may submit their information separately from health care provider information. Housing and Dining will review the information once all components have been received. *Please submit your completed form and documentation so it arrives to our office by the priority dates for consideration:*

- May 1 for academic year housing
- December 1 for spring housing
- May 1 for summer housing
- Requests received after the priority deadline may be limited by availability

Last (Family) Name: _____

First (Preferred) Name: _____

University ID Number: _____ Hawk ID: _____

Cell Phone: _____ UI Email: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

If approved, when do you request this accommodation begin? _____

Service Dog (or Miniature Horse)

Definition: A dog (or in some circumstances a miniature horse) that is individually trained to do work or perform tasks for the benefit of a person with a disability. The task(s) performed by the service dog (or miniature horse) must be directly related to the person's disability.

"Emotional support animals" (ESAs) are not service dogs. ESAs are typically dogs or cats, and are prescribed by a licensed healthcare professional to provide therapeutic benefits to a person with a disability or a documented mental impairment.

If you require a service dog, please answer only these two questions (you may use a separate page to do so):

1. Is the animal required because of a disability?

2. What work or task is the animal trained to perform?

Students requiring a service dog should submit this form without proceeding further. If you are in need of additional housing or dining accommodations, please complete the remainder of request form.

Student's Accommodation Request

Please provide your responses to the questions below on a separate page:

1. Are you seeking an accommodation for housing, dining, or both?
   - If needing dining accommodations only, stop here and submit our dietary request form: **dining.uiowa.edu/dietary-needs-form**

2. Do you have a disability/chronic health condition?

3. Please describe how your disability/health condition affects your living in the residence halls and/or dining in the Market Places.

4. What accommodation(s) are you requesting for your disability/chronic medical condition?

Please initial that you have read and understand the information provided:

1. I verify that the information contained in this document is accurate to the best of my knowledge. _____

2. I understand that a housing accommodation because of a disability or chronic health conditions supersedes all other requests including roommate and living learning community requests. _____

3. I understand that certain accommodations may require me to relocate to another room, residence hall and/or living learning community. If I need to have my room assignment changed, my prospective or current roommate will not be moved with me. _____

4. My documentation may be shared with appropriate University Housing and Dining staff in order to support my accommodations. _____

5. I understand that I cannot request a specific building or side of campus as an accommodation. _____

Student Signature: _____ Date: _____

Part II – Health Care Provider Documentation

Student Name: _____

Student University ID Number: _____

Please see the Student Disability Service guidance on the disability accommodation process for students:
sds.studentlife.uiowa.edu/accommodations/apply/documentation-guidelines

Some of the accommodations typically provided by Housing may include: Bed De-lofted, Semi/Private Bathroom, Private Room, the ability to rent or bring an Extra Refrigerator, Shower Chair, Wheelchair-Accessible Room, Strobe Alarm/Doorbell, Proximity Reader (to open doors), and Evacuation Plans for Emergencies. Dining accommodations may include allergen-free food, menu analysis, individually prepared meals. Dining staff regularly support students with Crohn's disease, Irritable Bowel Syndrome, and diabetes, to name a few. The nature of residence hall living does not provide for quiet room assignments, even in single room assignments.

Provider's Name and Title: _____ Date: _____

License #: _____ Licensing State: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

Using your practitioner or licensed clinical professional letterhead, please answer all questions listed below.

Please describe the students disability/health condition.

Does the student's disability/health condition significantly limit any major life activities? If yes, please describe the limitations and/or restrictions.

Please state the specific recommendations regarding the accommodation(s) this student needs in their housing assignment and/or meal plan. Describe why the accommodation is warranted based on the student's physical or psychological conditions(s).

Fax, email, or mail completed forms and accompanying documentation:

University Housing and Dining
Contracts and Assignments
4141 Burge Hall
Iowa City, IA 52242
Fax: 319-335-2979
uhd-ada@uiowa.edu