



UNIVERSITY of NORTH CAROLINA WILMINGTON

DISABILITY RESOURCE CENTER

STUDENT REQUEST FOR ADA HOUSING ACCOMMODATIONS

In addition to submitting this form, you must register with the Disability Resource Center (DRC) to request ADA housing accommodations. Follow the steps outlined on our [website \(www.uncw.edu/disability\)](http://www.uncw.edu/disability).

Requests for housing accommodations need to be submitted to DRC each academic year or summer session. Appropriate documentation must be on file for consideration of each request. Accommodations for disability-related reasons take priority over other considerations (e.g., preference for specific residential area or roommate request). **We do not take requests for assignments to specific locations.**

If the housing accommodation request is granted and has been submitted by the published deadline, students will be eligible to receive their requested accommodations from the room options provided by Housing & Residence Life. Requests submitted after the deadline are subject to availability.

Deadlines

- Returning Students: submit your housing application in January for the next academic year and submit this ADA housing request by February 1st to ensure it is reviewed prior to housing assignments being completed. Your enrollment with the DRC must also be completed.
- Incoming Freshmen: submit this ADA housing request by April 1st to ensure it is processed prior to housing assignments in May. You must also submit the pre-enrollment registration form and appropriate disability documentation to begin enrollment with the DRC.

Student Must Complete the Following:

Academic year and semester(s) are you requesting accommodations:

Academic year: 20_____ - 20_____ Fall Spring Summer

Have you been assigned to a Residence Hall/Room? Yes No If yes, indicate hall/room #: _____

Have you been accepted into a residential learning community? Yes No

If yes, indicate the learning community: _____

Student Contact Information

Student Name: _____ Student 850 #: _____

Permanent Address: _____

UNCW Email: _____ Phone: _____

Current Class Year Status: Freshman Sophomore Junior Senior Graduate

Affiliations: Transfer Honors Student International Other _____

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To the Certifying Professional:

The student named above has begun the process of requesting ADA Housing Accommodations with the Disability Resource Center (DRC) at University of North Carolina Wilmington. To assist in the decision-making of this request, we require documentation from the treating provider.

We ask that you complete this form in its entirety, providing complete answers for all questions. If you are unable to provide a response for a question, please indicate the reason. Provide responses by typing or writing clearly, as illegible forms will delay the documentation review process for the student. If you feel additional information beyond this form is needed to provide a more complete understanding of the student's request, you are welcome to submit additional documentation.

Upon completion, please submit the form directly to the Disability Resource Center by email (drc@uncw.edu) or fax (910.962.7556). The information you provide will not become part of the student's educational records. It will be kept in the student's file in the DRC, where it will be held strictly confidential. This form may be released to the student at their request.

Please do not hesitate to contact our office with any questions or concerns. Your assistance with providing additional information to support the student's request is greatly appreciated.

Sincerely,

The Disability Resource Center
University of North Carolina Wilmington

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Treating Provider Must Complete the Following:

Student's Name: _____ D.O.B.: _____

What is your diagnosis for this student? (Include DSM-V diagnostic codes, if applicable)

Primary: _____ Date of Diagnosis: _____

Secondary: _____ Date of Diagnosis: _____

Tertiary: _____ Date of Diagnosis: _____

Other: _____ Date of Diagnosis: _____

Is the student currently under your care? Yes No Date Last Seen: _____

Based on your opinion, how well do you know the student?

Very Well Moderately Well Not Well at All

Specifics of Disability or Condition:

1. Describe in detail the disability or medical condition requiring this accommodation. Include severity of symptoms and those that affect residential living.

2. 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.

3. Is the impact of the condition life threatening if the request is not met?
 Yes No If yes, please explain.

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4. Is there a negative health impact if this request is not met?

Yes No If yes, please explain.

5. Is the request an integral component of a treatment plan for the disability or medical condition?

Yes No If yes, please explain.

6. Are there possible alternatives?

Yes No If yes, please explain.

7. Use the space below to provide additional information that may be helpful to DRC staff in evaluating and providing the housing accommodations the student is requesting.

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Certifying Professional*

I, the undersigned, certify that the information provided for the aforementioned student is true and correct to the best of my knowledge and reflects my responses to the questions. I confirm that I am licensed or otherwise qualified to diagnose the conditions listed above, have adequately evaluated the student, can produce record of such evaluation, and are not related to the student by blood or marriage.

Treating Provider Signature

Today's Date

Name (please print)

Title

License No.

State of Licensure

Name of Agency/Office

Phone Number (including area code)

Agency/Office Street Address

Fax Number (including area code)

City, State, Zip

Email

*Qualified diagnosing professionals are licensed medical providers, psychologists, psychiatrists, neurologists, clinical social workers, and counselors. The diagnosing professional must have expertise in the differential diagnosis of the documented disorder(s) or condition(s) and follow established practices in the field.

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