RESIDENCE LIFE DISABILITY RELATED ACCOMMODATION REQUEST FORM
RESIDENT FORM

DISABILITY DEFINITION:
Under Section 504 of the ADA, disability is defined as a physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. "Substantially limited" generally means that a person is unable to perform a major life activity that the average person in a general population can perform. The definition also considers any mitigating measures, such as medication, therapy, etc., the person is engaging in that may relieve the substantial limitations caused by the impairment.

STUDENT NAME:________________________________________

DATE:________________________________________

ACCOMMODATIONS REQUESTED FOR:

Academic Year:__________

SEMESTER REQUESTING ACCOMMODATION(S) BEGIN: Fall_____ Spring_____ Summer_____ 

TYPE OF REQUEST
Please check the type of disability related housing accommodation you are requesting.

_____ Single Room   _____ Placement on First Floor   _____ Physical Modification to Room   _____ Air Conditioner

_____ Room Assignment Location   _____ Furniture/Equipment   _____ Emotional Support Animal   _____ Other

1. Please identify your disability and why you believe the accommodation is necessary because of your disability.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Please explain your disability history (the initial difficulties it caused, the accommodations or services you received for it, and previous treatment completed (i.e. counseling, medication, etc.).
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

When completed, please fax to 715-425-0742 or send with the student. If you have questions, contact Alicia Reinke-Tuthill at 715-425-0740 or at ability.services@uwrf.edu.
3. Please explain **how the issue has the potential to disrupt important aspects of your college education.** (Important aspects mean things like: attending class; studying; living in a residential hall, etc.).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. Please describe how your disability currently impacts your day-to-day functioning?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________