

Housing Accommodation Request Form

Revised: June 2008

Please Note: If your requested accommodation is due to disability, you **MUST** register with Student Disability Resources, <http://www.dso.iastate.edu/dr>.

Student Information - Please Print Clearly

Last Name: _____ First Name: _____ MI: _____
University ID #: _____ Birthdate: _____ / _____ / _____ Gender: F M
Current E-Mail: _____ On-Campus Address (if applicable): _____
Home / Permanent Address: Street Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone #: (_____) _____ Cell Phone #: (_____) _____

Request Information - Please answer ALL 3 questions.

1. I am requesting the following type of assignment or equipment (please be specific):

2. I am requesting this accommodation to begin (date or semester): _____

3. This request is based upon a permanent / reoccurring condition and I will need to be accommodated as long as I live on-campus.
 Yes - The DOR may make my initial assignment. In subsequent years, I must participate in Recontracting to retain my assignment or select a new assignment. Recontracting information is available on-line.
 No - This is a temporary condition I do not anticipate will extend beyond the current academic year. If this changes, I will contact the DOR. I understand I may need to submit updated documentation.

Statement of Agreement

- I have reviewed this form and wish to request a Housing Accommodation. I have provided supporting documentation and I give my consent to the DOR and Student Disability Resources to review this form and all materials I have submitted.
- I understand that approval of my request is at the discretion of Iowa State University.
- I understand that my request will not be considered until appropriate, supporting documentation is received by the DOR and that my request will be evaluated on the merits of the documentation I provide. I am aware that all documentation must:
 - Be current (within the last 5 years for LD, last 6 months for psychiatric disabilities, or last 3 years for ADHD and most other disabilities).
 - Written by someone who has the credentials / expertise in a relevant area to make a recommendation.
 - Clearly support the need for the accommodations requested above (indicated in item #1).
 - I am aware that this request applies only to my housing and does not apply to my roommate or requested roommate.
- I am aware that this request is for a housing accommodation that first and foremost meets my documented needs. Building and room type preferences listed on my housing contract will be considered and honored if possible, but an assignment within my preferences is not guaranteed.
- I am aware that accommodations are impacted by the date that I have contracted for housing. The earlier I contract for housing and make my accommodation request, the more likely it is that my request will be able to be accommodated.

Student Signature: _____ Date: _____
Parent/Guardian/Guarantor Signature (if student is under 18): _____ Date: _____

Once you have completed and signed this form, please send it to:

Mail: Department of Residence
2419 Friley Hall Ames, IA 50012

Fax: 515-294-0623

E-mail: housing@iastate.edu

OFFICE USE ONLY
Date Received: _____ Approved: _____
Documentation Received: _____ Assignment: _____