



WEST LIBERTY UNIVERSITY

Housing & Residence Life
208 University Drive
CUB 128
West Liberty, WV 26074

Rogers Hall
Office: (304) 336-8345
Fax: (304) 336-8385

HOUSING ACCOMMODATION REQUEST FORM

Dear Student:

In order to make specific housing accommodations, appropriate and complete documentation is **mandatory**. Please read the following information carefully before completing this form. Note that the form is to be completed and signed by your treating physician/clinician. **We are unable to accept physician/clinician letters and must have our form completed.**

West Liberty University is committed to providing all registered students with access to all educational and student life settings. The Office of Accessibility Services works closely with the Housing and Residence Life Office and the college's Health Services Office in order to meet various needs of students. We will evaluate the documentation received in order to make appropriate recommendations for accommodations.

This completed form plus any additional pertinent documentation supplied by the licensed clinician/physician treating the diagnosis requiring accommodation should reach the Office of Housing & Residence Life as soon as possible to avoid delay. Should you not submit the documentation in a timely manner, delays may occur.

1. Once all documentation is received, we will determine the most appropriate accommodations and housing for your request. You will receive written notification of this decision.
2. The documentation requested will be used to:
 - verify the disability/medical condition
 - determine the severity and need
 - help determine other reasonable accommodations for living on campus if an apartment or private room is not available.
3. Should you be approved for an apartment or private room, you will be charged the appropriate fees for the apartment or single room rates with meal plan.

If you have questions or need additional information, please contact the Office of Housing & Residence Life at (304)336-8345 or residencelife@westliberty.edu.

Thank you.

Student Name: _____ Academic Year: _____

Please have your treating clinician/physician complete and sign this form. Please use additional paper if needed. This information will be kept confidential in the Housing & Residence Life Office.

1. Disability/Condition Diagnosis:

2. Symptoms/functional limitations that necessitate special housing accommodations:

3. Recommendations regarding accommodation needs (A/C, ground floor, single room, etc.):

4. If the request for special housing were not met, what would be the impact of the student's academic life?

Treating Clinician/Physician's Signature

Print Name and Title

Date

Address and Phone Number

Mail or fax to: Housing & Student Life, West Liberty University, 208 University Drive, CUB 128, West Liberty, WV 26074
Fax number: 304-336-8385