

Disability-Related Housing Accommodation Request Form



To properly evaluate how to meet the student's need for reasonable accommodations in campus housing, Lincoln College requires specific information from the diagnosing clinical or health care professional.

The person providing that diagnostic information should be a current licensed clinical or health care provider to the student and be familiar with the history and functional limitations of the student's physical or psychological condition(s). The provider should not be a close relative of the student.

Section A must be completed by the student and returned to the Director of Residence Life.

Section B should be signed by the student and then completed by the diagnosing/treating professional who should return the form to the Office for Disability Services. The student's signature authorizes the appropriate Lincoln College representative to communicate with the provider who completes **Section B** of the form.

Sections C and D are required only for requests related to an emotional support animal in College housing. **Section C** should be completed by the diagnosing/treating professional and **Section D** should be completed by the student and a veterinarian familiar with the animal.

Section A

(to be completed by the student)

Student Information

Name: _____

Email: _____

LC Student ID: _____

Phone: _____

Session for which accommodation is requested

Fall Spring Summer Year _____

Accommodation(s) Requested

- | | | |
|---|--|---|
| <input type="checkbox"/> Emergency Alert System | <input type="checkbox"/> Single Room | <input type="checkbox"/> Other (<u>explain</u>) |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Semi-Private Bath | |
| <input type="checkbox"/> Wheelchair Accessibility | <input type="checkbox"/> Dietary Consult | |

Residential Life Signature

Signature of Residential Life Director _____

Date _____

9. Use the space below to describe the symptoms related to the student's condition that cause substantial impairment to a major life activity (could include side effects of medication if relevant). Attach additional sheets if necessary.

Symptoms

Describe how the student's condition necessitates the need for a housing accommodation. Please state specific recommendations regarding housing accommodations and a rationale as to why these housing needs are warranted based on the student's medical (physical/emotional health) condition (for example, if you suggest a semi-private bathroom, state the reasons for this request related to the student's condition). Attach additional sheets if necessary.

Recommendation	Rationale

Provider Information

I verify that the information about the above-named student is correct and that the student is a patient I have been treating.

Professional Signature: _____
Agency Name: _____
Title: _____
License #: _____
Date: _____
Address: _____ <small>Street address City State Zip</small>
Email: _____
Phone: _____ Fax: _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please return this form to the Office for Disability Services at Lincoln College.

Office for Disability Services
Lower Level, Harts Science Building
Lincoln College
300 Keokuk Street
Lincoln, IL 62656
Email: ods@lincolncollege.edu
PHONE: 217.735.7335
FAX: 217.735.4902

Section D

ESA Emergency Contact Form and Animal Health Certification (to be completed by the student and returned to the Office for Disability Services)

The student must identify an individual not residing in College housing who agrees to act as an emergency contact in the event that the student is unable to care for the animal due to an emergency. Please indicate the designated emergency contact below:

Emergency Contact Information:

Name: _____
Relationship to Owner: _____
Address: _____ <small>Street address City State Zip</small>
Email: _____
Phone: _____

The student must supply evidence from a veterinarian that the animal is in good health, meets all state and local licensing requirements, and is immunized for diseases common to the particular species. That requirement may be satisfied by having your veterinarian complete the lower portion of this page or by attaching records supplied by the veterinarian.

To be completed by the veterinary office personnel
Animal Name: _____
Date of Examination: _____
At last examination, the animal appeared to be in good health: <input type="checkbox"/> Yes <input type="checkbox"/> no
The animal is current in required vaccinations: <input type="checkbox"/> Yes <input type="checkbox"/> no
Animal's Breed/Type _____ Animal's Weight: _____
Veterinarian's license number and state of licensure _____
Email: _____
Phone: _____ Fax: _____
Veterinarian Signature: _____
Date: _____