



Housing Modification Request Form for Students with Disabilities

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing modification through the designated office at each campus.

For qualified students with documented disabilities, the appropriate disability support office recommends housing modification to the Housing or Residence Life offices.

Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered.

Directions to Students:

1. Complete Part I
2. Sign the Consent for Release of Information in Part II
3. Provide Part II to your disability evaluator or physician
4. For fall semester: Both parts must be returned by: April 1st for returning students or July 1st for new incoming students.
5. For spring semester: Both parts must be returned by: January 2nd

Part I: Student to complete the following:

Name (please print clearly): _____

Address: _____

FDU ID#: _____ FDU Email: _____

Cell Phone #: _____ Home Phone #: _____

Status: Incoming First Year Student Transfer Student Returning Student

Campus: Florham Campus Metropolitan Campus Wroxtton Campus

Modification Request is for: Fall Spring 20 _____

1. State the disability for which you are requesting a housing modification:

2. Please explain the housing modification(s) you are requesting:

3. Have you had this modification at Fairleigh Dickinson University in the past? YES NO

If yes, what semester: Fall _____ Spring _____

4. Please describe how this modification will reduce the impact of your disability in the residence halls:

5. Please add any other information you feel is important for us to consider in reviewing your request:

Student Signature: _____

Date: _____



Part II: Physician or Disability Evaluator Verification

Consent for Release of Information (to be completed by student/guardian):

I authorize _____ (physician or evaluator’s name) to disclose the information requested by the Fairleigh Dickinson University that is reasonably necessary to evaluate my request for the above requested housing modifications. I also authorize Fairleigh Dickinson University and my physician/evaluator to discuss any information related to my housing modification request. I understand that my personal medical information may be shared on a “need to know basis” with other University offices.

Student Name: _____ FDU ID #: _____

Student/Guardian Signature: _____ Date: _____

PROFESSIONAL EVALUATION OF DISABILITY

Modifications are only available to students identified as having a disability. **To be entitled to a modification of the University’s housing, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment.** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. **Based on this definition does the individual have a disability?** YES NO

2. **State the student’s disability diagnosis, including diagnostic code.**

3. **Is the student currently under your care?** YES NO

How long have you treated this patient? _____ Date of most recent office visit? _____

Date of original diagnosis: _____ Date of most recent evaluation: _____

4. **Is the disability mediated or controlled by medications, other treatments, or external prosthetics?**

YES NO

5. Does the student take prescription medication for this condition? **YES** **NO**
(If yes, please specify medications, dosage and frequency)

6. Please describe current treatments, prosthetic devices, and/or medications prescribed *(attach copy of test results/blood reports in case of life threatening allergies).*

7. What is the expected duration, stability, or progression of the disability?

8. Date of most recent hospitalization for this medical condition/disability? (if any): _____

9. Number of flare-ups or episodes reported in last 12 months: _____

10. Describe the student's functional limitations or behavioral manifestations caused by the condition. What do you foresee as the impact living in a college residential hall setting?

11. Anticipated duration of need for accommodation: _____

12. Please state specific recommendations for reasonable housing modifications (must be clearly linked to functional limitations).

THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print)

Name: _____

Title: _____ Specialty: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

License/Certification Number and State of License _____

May we contact you if we have questions about this student's accommodation request? **YES** **NO**

Signature (verifying that you are not related to the student by blood or marriage): _____

Date: _____

PLEASE MAIL or FAX COMPLETED FORM TO:

For Florham Campus and Wroxton Campus:

Disability Support Services
Fairleigh Dickinson University
285 Madison Ave, M-MO1-01, Madison, NJ 07940
(973) 443-8079 (Office), (973) 443-8080 (fax)

For Metropolitan Campus:

Disability Support Services
Fairleigh Dickinson University
1000 River Road, T-RH2-09, Teaneck, NJ 07666
(201) 692-2076 (Office), (201) 692-2469 (fax)