



**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 1<sup>st</sup> for returning students or July 1<sup>st</sup> for new incoming students.
5. For spring semester: Both parts must be returned by: January 2<sup>nd</sup>

**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)