

Request for Accommodations for Residential Students with Disabilities



Please print and complete all information

Name: _____ Student ID Number: _____
(Last, First, M.I.)

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail (personal): _____
(Include area code)

Housing Assignment: _____ RU E-Mail: _____
(if known) (if known)

Specific Accommodation Requested: _____

Date Submitted: _____

Please provide a brief statement describing the relationship between the limitations associated with the disability and the requested accommodation.

Student: You are required to submit this form to Disability Services to document your medical accommodation request. Roosevelt University is committed to arranging accommodation for a student in need as soon as reasonably possible upon receipt of this request. Return this completed form and required attachments (i.e. statement from your health care provider) to:

Roosevelt University
Disability Services
430 S. Michigan Ave. AUD 128
Chicago, IL 60605
Fax: (312) 341-2471

Medical information provided will remain confidential and only be shared with university administrators involved in assisting with the request for an accommodation.

For Office Use Only - Request for Reasonable Housing Accommodation

Date received: _____ Staff Receiving (full name) _____

Certifying Health Care Provider



Students are expected to provide written support from a qualified health care professional. The health care provider must specialize in the area of the condition or disability and may not be a friend of the family or related to the student. The documentation must be dated less than one year from the request and include the following information:

1. Verification that this provider has been actively treating the individual making the request within the past year;
2. Verification that the person has a qualifying disability that impacts a major life activity;
3. The recommended accommodation(s) and an explanation of how the accommodation will assist the student.

Please Print

Name of Student: _____ Student ID: _____

Name of Health Care Provider: _____

Specialty: _____ Phone number: _____
(Include area code)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Initial Contact with Student: _____ Date of Most Recent Contact: _____

Please give the diagnosis, functional limitation, recommendation regarding accommodation needs as relating to housing and your justification for this recommendation on your professional office letterhead (no prescription pad paper please) and attach to this form.

Signature of Health Care Provider: _____ Date: _____

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Certifying Veterinarian



Per the Fair Housing Act, Roosevelt University provides reasonable accommodations for an emotional support animal in university housing. An emotional support animal is an animal that is necessary to afford a person with a disability an equal opportunity to use and enjoy a dwelling when there is an identifiable relationship or nexus between the person's disability and the assistance the animal provides.

Students must comply with state and local requirements regarding vaccinations and licensing. Documentation must be provided by the animal's veterinarian stating that the animal complies with the state and local requirements, is socialized, does not have a history of aggressive behavior, and does not pose a threat to the other members of the community. Animals to be housed in University housing must have an annual clean bill of health from a licensed veterinarian. Animals must have current tags with appropriate identification clearly displayed. Dogs must have rabies tags clearly displayed.

The university has authority to direct that the animal receive veterinary attention. Veterinarian records will be maintained through Disability Services. The university may place other reasonable conditions or restrictions on the animal, depending on the nature and characteristics of the animal.

Please Print

Name of Student: _____ Student ID: _____

Name of Veterinarian: _____

Name of Business: _____

Specialty: _____ Phone number: _____
(Include area code)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Initial Contact with Animal: _____ Date of Most Recent Contact: _____

Signature of Veterinarian: _____ Date: _____

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Date received: _____ Staff Receiving (full name) _____