STUDENT REQUEST FOR HOUSING ACCOMMODATION

Requests for housing accommodations will need to be submitted to SDAC for each academic year or summer session. Appropriate documentation must also be on file for consideration of each request. Students should be advised that accommodations for disability take priority over other considerations, such as preference for a specific residential area or roommate request.

We do not take requests for assignments to specific locations. Student will be eligible to select their exact room assignment in a priority room selection timeslot, as long as the request is submitted by the published deadline. If the request is not made in a timely manner, then the University will do whatever it can to meet the accommodation needs, but it will be subject to room availability.

Returning students can submit Housing applications as early as November for the next academic year. For incoming first year students, you must submit your request by June 1st for priority consideration.

For which academic year and	semesters a	re you reque	sting accommo	dations:
Academic year: 20 20	□ Fall	□ Spring	□ Summer	
I. Student Contact Information				
Student Name:			Phone:	
Permanent Address:				
Email:				
Class Year:				
☐ Incoming First Year	☐ Third \	⁄ear	☐ Grad	uate
☐ Second Year	☐ Fourth	Year		
Affiliations:				
☐ Echols Scholars	☐ Transf	er Student	☐ Othe	r (please specify):
Are you applying to a Residen	tial College	? □ N	o □ Yes	
If so, which one?				

II. Specifics of Disability or Condition

Please describe in detail the disability of	r medical condition that requires accommodation:
accommodation is necessary, including	of the desired accommodation and discuss why this why the needs cannot be met without this mmodations is listed at the end of this document.
Is the impact of the condition life threate	ening if the request is not met?
□ No	☐ Yes (please explain):
Is there a negative health impact if this r	request is not met? If yes, please explain.
□ No	☐ Yes (please explain):
Is the request an integral component of question?	a treatment plan for the disability or medical condition in
□ No	☐ Yes (please explain):
Are there possible alternatives? If yes, p	please explain:
□ No	☐ Yes (please explain):

Please use the space below to provide any other information that will be helpful to staff in evaluating and providing the accommodations that you are requesting.
Submit your completed Housing Accommodation Request Form by email, mail, fax or in person to:
Student Disability Access Center 400 Brandon Avenue PO Box 800760

Examples of Housing Accommodation Requests:

• Modified equipment for deaf or hard of hearing persons, including TTY and fire alarms.

Charlottesville, VA 22908-0760 sdac@virginia.edu Fax: (434) 243-5188

- Wheelchair accessible dorm
- Wheelchair accessible shower
- Shower seat
- Lowered closet rods
- Avoid stairs and/or must be on lower level
- Access to an elevator
- Permission to bring modified furnishings (i.e. desk and bed)
- Single room
- Air Conditioning
- Access to a kitchen
- Uncarpeted room
- Assistance Animal