

**Florida Agricultural & Mechanical University**  
Center for Disability Access and Resources  
**Request for Housing Accommodation**

The Center for Disability Access and Resources (CeDAR), Student Health Services (SHS) and University Housing work closely together to identify appropriate and available housing solutions for students with documented disabilities and serious medical conditions. Students requesting special accommodation(s) must complete and submit this form in order to receive consideration. *Please note, a diagnosis in and of itself does not automatically qualify you for the accommodation(s) requested.*

**New students:** Incoming freshmen must submit this form by June 1. All other new applicants must submit this form within 2 business days of completing the housing application. Please be aware that as the summer progresses space becomes more limited and requested accommodations may not be available.

**Returning students:** Returning students should submit their request well in advance of room selection to allow time to process. Please be aware that as space becomes more limited, requested accommodations may not be available.

**Section I. To be completed by the student. Please print clearly or type:**

Personal Information:

Name (last, first, middle): \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Classification:

Incoming Freshman

Transfer

New Graduate/Professional Student

Returning Student

Other (please explain): \_\_\_\_\_

Please specify the **semester** and **year** for which you are requesting an accommodation \_\_\_\_\_

Health Condition:

Name of disability/health condition(s): \_\_\_\_\_

Describe your understanding of your disability and the probable impact on living at FAMU: \_\_\_\_\_

Please describe any adaptive technology, including hardware/software, or specialized equipment that you use: \_\_\_\_\_

*The information I have provided is accurate to the best of my knowledge. I authorize and consent for CeDAR to consult, as needed, with clinicians to clarify documentation, and University personnel on a need to know basis. I understand the information I have provided will be reviewed and placed in my Student Health record.*

**Student Signature:**

**Date:**

**Section II. To be completed by the clinician/health care provider (Please print or type)**

Name of disability/disorder/health condition(s): \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Does the condition significantly limit a major life activity? \_\_\_\_ Yes \_\_\_\_ No

Please explain how the major life activity is ameliorated or eliminated by any treatment or medication being given to this student:

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List current medication(s), dosage and frequency, adverse side effects, if any, and potential impact on housing:

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Describe severity of condition and its probable impact on the student's living situation at FAMU.

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Please describe housing accommodations needed based on functional limitation(s) caused by the student's specific disability/disorder/illness.

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Please assess if the student is at risk in event of an emergency evacuation (for example, fire):

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**CERTIFYING MEDICAL PROFESSIONAL**

Name (print):

Phone:

Signature:

Fax:

License Number:

E-mail:

Address:

Date:

This information will be reviewed, and accommodation decisions made in accordance with the policies of the Florida Agricultural & Mechanical University. For further information or discussion, please contact the Center for Student Disability Access and Resources, (850) 599-3180.

**Return this form to:**

Center for Disability Access and Resources, Florida Agricultural & Mechanical University, 640 Gamble Street, Tallahassee, FL 32307