



Off-Campus Housing Accommodation Documentation Request Form

Residential living is central to the Wartburg College experience and all full-time students are required to live in campus housing per college policy. Wartburg College recognizes the importance of providing reasonable accommodations in its housing policies and practices when necessary for individuals with disabilities whose needs cannot be met on campus. To be eligible for a reasonable accommodation, an individual must either have a physical or mental impairment that substantially limits a major life activity, or must have a record (a history) of a physical or mental impairment that substantially limited a major life activity.

To request an off-campus housing accommodation, students must submit an Off-Campus Housing Accommodation Documentation Request Form to Wartburg College Disability Services. The student requesting the housing accommodation completes Section A. The student's treating professional completes Sections B and C. All sections must be complete for a housing accommodation request to be considered.

The treating professional completing the form must specialize in a field consistent with the student's diagnosis, be familiar with the student's disability, and the necessity for the requested accommodation. Documentation must be provided by a non-family healthcare provider.

Please note Wartburg College strives to accommodate students with disabilities within our existing campus housing options. An accommodation to live off campus is only granted under unusual circumstances and after all efforts to accommodate on campus have been exhausted.

Section A: Student Information and Request Type

Section A must be completed by the student making the request for off-campus housing.

Student Name: _____ Student ID #: _____

Wartburg E-Mail: _____ Class year: Incoming 1Y 2Y 3Y 4Y+

Off-Campus Housing

Describe off-campus housing plans if approved: _____

I authorize Wartburg College to receive information from my licensed physician, psychiatrist, or mental health professional named herein _____, specifically regarding my request for an exemption to Wartburg's housing policy in order to live off-campus.

Student Signature: _____ Date: _____

Section B: Treating Professional Information

Section B must be completed by a licensed physician, psychiatrist, or mental health care provider familiar with the history and functional limitations of the student.

Date of initial contact with student: _____ Date of last office visit with student: _____

Treating Professional Information (to be completed by treating professional):

Printed Name of Treating Professional

Professional Signature

Address

Telephone Number

FAX and/or E-Mail Address

License #

Date

Section C: Treating Professional's Letter

Section C must be completed by a licensed physician, psychiatrist, or mental health care provider familiar with the history and functional limitations of the student.

The above-named student has requested an exemption from Wartburg's housing policy in order to live off-campus and has indicated that you are their licensed physician, psychiatrist, or mental health care provider. In order to better evaluate if the student requires alternate living accommodations that on-campus housing cannot reasonably provide, please answer the following questions and provide documentation in the form of a letter on professional letterhead. Complete information will better assist us in the decision-making process regarding the student's request to live off-campus:

- 1) Give a clear statement of the condition(s), including diagnosis and severity.
- 2) Is the condition described classified as a disability which substantially limits one or more major life activities? Please explain.
- 3) Describe how this condition affects the student's academic performance and/or life functioning.
- 4) Describe the current treatment plan.
- 5) Describe recommended specific housing accommodations including a rational explanation for such based on the student's functional limitations.
- 6) Are the recommended accommodations considered medically necessary?

[Please attach the treating professional's letter to this completed form]

Once sections A through C are completed, please submit the completed form (with treating professional's letter) to:
Nicole Willis, Academic Resource Center, Disability and Access Coordinator, 100 Wartburg Blvd, PO Box 1003,
Waverly, IA, 50677-0903.