



On-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 to fully participate in the college residential life. 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.

The process of requesting housing accommodations on campus is explained in Wartburg College's Reasonable Housing Accommodation Policy. To request a housing accommodation, students must submit an On-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(s). Documentation must be provided by a non-family healthcare provider.

Please note requests for particular housing assignments based on preference, rather than need, such as a single room or desire to for a quiet, undisturbed place to study, may not be honored.

Section A: Student Information and Request Type

Section A must be completed by the student making the request for accommodations.

Student Name: _____ Student ID #: _____

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

Requested Accommodation:

- ☐ Single Room ☐ Private Bathroom ☐ Air Conditioning
☐ Dietary ☐ Allergies ☐ Other: _____

I authorize Wartburg College to receive information from my licensed physician, psychiatrist, or mental health professional named herein _____, specifically regarding my request for an on-campus housing accommodation.

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 accommodation for their on-campus housing at Wartburg College and has indicated that you are their licensed physician, psychiatrist, or mental health care provider. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that is necessary to meet the student's needs and provide access to Wartburg's on-campus housing. In order to better evaluate how Wartburg can best meet the student's need for housing accommodations, please answer the following questions and provide documentation in the form of a letter on professional letterhead that addresses the following questions. Complete information will better assist us in the decision-making process for the requested accommodations:

- 1) What is the background and history of the student's medical conditions? Are they likely to persist?
- 2) Does the student's disability significantly limit any major life activities? If yes, please describe how.
- 3) What are the recommended accommodations for the student? Are the reasons for these accommodations medically necessary?
- 4) What is the impact or risk if the recommended accommodations are not provided for the student?

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

Once sections A through C are completed, please submit the completed form and treating professional's letter, to:

Nicole Willis, Disability and Access Coordinator

Academic Resource Center, 100 Wartburg Blvd, Waverly, IA, 50677-0903.

Ph: 319-352-8230 Fax: 319-352-8365

E-mail: nicole.willis@wartburg.edu