



STUDENT AFFAIRS
Office of Accessibility & Veterans Affairs

J. Garrick Hardy Student Center, Suite C1.58
D. Sankey, Director ~ DSankey@alasu.edu
disabilityservices@alasu.edu ~ 334-229-5127

ADA ACCOMMODATION REQUEST FORM

Residential living is central to the learning environment and experience for all Alabama State University students. All students will continue to utilize the standard room selection process. The University provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable ADA Accommodation.

To be considered for a housing accommodation, the student must return the completed **ADA Housing Accommodation Request Form**. The student's Care Provider must provide all information requested. The Provider should be a licensed physician, psychiatrist, physician's assistant, nurse practitioner, or licensed mental health professional and must have an ongoing therapeutic or treatment relationship with the student.

*The provider may **NOT** be related to the student.*

Student Name _____ Student ID# _____
Please Print

E-mail _____ Cell # _____

Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Doctorate ___

Semester Student is requesting Single Room Housing: FALL ___ SUMMER ___ SPRING ___

I request that the information from my health care provider be utilized in support of my request for ADA Housing Accommodation. I understand this documentation may be reviewed by the Director of Accessibility & Veterans Affairs and the Director of Housing and that the HIPPA rules of privacy and confidentiality will be observed.

Furthermore, I give my consent for the Director of Accessibility Services to contact my health care provider for additional information as needed.

Student Signature _____ Date _____

Students will receive notification via campus email of the final decision.



PROVIDER INFORMATION

~ This page to be completed by the Student's Care Provider ~

Name _____ Title _____
Please Print

Provider's Signature _____

Credentials/Certification _____

Practice/Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

Provider's Clinic Stamp or License Number Here

*This completed form may be scanned and e-mailed to disabilityservices.alasu.edu **OR** mailed to*

Alabama State University
J. Garrick Hardy Student Center
Office of Accessibility & Veterans Affairs, Suite C1.58
Attention: Derriya Sankey, Director
915 South Jackson Street
Montgomery, AL 36104

~ This page to be completed by the Student's Care Provider ~

The student named below has indicated that you are the Mental/Health Care Provider who has suggested that having an ADA Housing Accommodation in the Residence Hall on the campus of Alabama State University will be helpful in alleviating one or more of the identified symptoms of the student's diagnosis.

Student's Name

So that we may better evaluate the request for this accommodation, please answer the following questions, being sure to address the impact of the student's limitations on one or more major life activities. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities.

1. How does the student's diagnosis substantially limit major life activities? _____

2. What accommodations are necessary for housing assignments to meet the student's diagnosis?

3. When did you begin treating the student? _____

4. Which symptoms may decrease by providing an ADA Accommodation? Please explain in detail.
