

GLENVILLE STATE UNIVERSITY
Request for Housing Accommodation

The ADA Compliance Officer, Student Life Office and Physical Plant Residential work closely together to identify appropriate and available housing solutions for students and employees with documented disabilities and serious medical conditions. Individuals requesting special accommodation must complete and submit this form in order to receive consideration. *Please note, a diagnosis in and of itself does not automatically qualify for requested accommodation. This information will be reviewed and accommodation decisions made in accordance with the policies of Glenville State University and in accordance with state and federal law.*

Return this form to:
Tegan McEntire, Director of Human Resources
Title IX/EEO/AA Co-Coordinator, ADA Compliance Officer
Glenville State University
200 High Street
Glenville, WV 26351
(304) 462-6193

SECTION I. TO BE COMPLETED BY THE INDIVIDUAL REQUESTING ACCOMMODATION
(PLEASE PRINT CLEARLY OR TYPE)

Personal Information:

Name (last, first, middle)

Address

City/State/Zip

Gender

Date of Birth

Email

Phone

Classification: Incoming Freshman
(circle one) Transfer
 Returning Student

Employee:_____

Other:_____

Health Condition:

Name of disability/health condition:

Describe your understanding of your disability and the probable impact on living at Glenville State University:

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

Notice and Release
(A copy is as valid as an original)

The Americans with Disabilities Act (ADA) requires an employer to provide reasonable accommodation to a student or employee with a disability, unless doing so would cause significant difficulty or expense. Glenville State University doesn't have to provide an accommodation if doing so would cause it undue hardship. Undue hardship means that the accommodation would be too difficult or too expensive to provide, in light of Glenville State University's size, financial resources, and the needs of the business. Glenville State University does not have to provide the exact accommodation requested. If more than one accommodation works, Glenville State University may choose which one to provide.

I hereby authorize Glenville State University to obtain any medical documentation necessary to process this request. My treatment provider(s) may release my health information to Glenville State University. Glenville State University may release my health information to others necessary to address my request for accommodation. I understand that this form needs to be completed in full and additional medical information may be required. Glenville State University may request additional information from either me or my treatment provider if needed. I am aware that Glenville State University may also seek medical information from me or my treatment provider(s) in order to assess my housing accommodation request. I understand that Glenville State

University will take the suggestions that medical providers make into consideration, but it is Glenville State University's decision as to whether the accommodation(s) can be met in a reasonable fashion. A copy of this document may be accepted as the same as an original.

My signature of this Notice and Release authorizes:

- a. Glenville State University's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to **OBTAIN from and DISCUSS with my treatment providers** any medical documentation and health information relating to any disability/condition;
- b. my treatment provider(s) to **RELEASE to and DISCUSS with** Glenville State University's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer any medical documentation and health information relating to any disability/condition;
- c. Glenville State University's Title IX/Equal Employment Opportunity/Affirmative Action/ADA Compliance Coordinator/Officer to disclose my health information as it relates to my disability/condition and this accommodation request on a need to know basis to appropriate Glenville State University personnel including but not limited to the Student Life Office and the Physical Plant personnel

Signature

Date

Parent/Guardian Signature
(If student is under the age of 18)

Date

Printed Name of Parent/Guardian

Address

City/State/Zip

Home Phone

Cell Phone

SECTION II. TO BE COMPLETED BY THE CLINICIAN/HEALTH CARE PROVIDER

(PLEASE PRINT CLEARLY OR TYPE)

Name of disability/disorder/health condition:

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 individual.

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

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

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

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

CERTIFYING MEDICAL PROFESSIONAL

Name (print)

License Number

Address

City/State/Zip

Telephone

Fax

Email

Signature