



## RESIDENCE LIFE DISABILITY RELATED ACCOMMODATION REQUEST

**STUDENT'S NAME** (Please Print:) \_\_\_\_\_

### DISABILITY DEFINITION:

Under Section 504 of the ADA, disability is defined as a physical or mental impairment that substantially limits one or more major life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. "Substantially limited" generally means that a person is unable to perform a major life activity that the average person in a general population can perform. The definition also considers any mitigating measures, such as medication, therapy, etc., the person is engaging in that may relieve the substantial limitations caused by the impairment.

**TYPE OF REQUEST** (NOTE: This form does NOT encompass Emotional Support Animal (ESA) requests.)

\_\_\_\_ Single Room    \_\_\_\_ Placement on First Floor    \_\_\_\_ Physical Modification to Room    \_\_\_\_ Air Conditioner  
\_\_\_\_ Room Assignment Location    \_\_\_\_ Furniture/Equipment    \_\_\_\_ Other

### RESIDENT DISABILITY RELATED INFORMATION

1. Does the resident have a disability under this definition? \_\_\_\_ Yes \_\_\_\_ No
2. DSM-5 Diagnosis: \_\_\_\_\_
3. Date of Diagnosis: \_\_\_\_ \_\_\_\_ \_\_\_\_
4. What methods were used to evaluate the student? \_\_\_\_\_
5. Date of Last Evaluation: \_\_\_\_ \_\_\_\_ \_\_\_\_
6. Does the resident require ongoing treatment? \_\_\_\_ Yes \_\_\_\_ No
7. What are the symptoms of this diagnosis/diagnoses, the magnitude, and the frequency? List below.

Symptom	Magnitude	Frequency

8. Please describe how each diagnosed disability substantially limits the resident's ability to perform a major life activity as compared to most people in the general population.

---

---

---

**When completed, please fax to 715-425-0742 or send with the student.**

If you have questions, contact the Disability Resource Center at 715-425-0740 or at [drc@uwrf.edu](mailto:drc@uwrf.edu).



## Disability Resource Center – General Clinician Form

University of Wisconsin-River Falls • 123 Rodli Hall • River Falls, Wisconsin 54022  
office 715.425.0740 • secure fax 715.425.0742

8. (continued if necessary) \_\_\_\_\_  
\_\_\_\_\_

9. Please explain how the accommodation is necessary for the resident to use and enjoy University housing as compared to the general campus student population?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please describe what symptoms will be reduced by approving the requested resident housing accommodation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy University housing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Clinician's printed name \_\_\_\_\_ Credentials \_\_\_\_\_

Professional license # \_\_\_\_\_ Years in practice \_\_\_\_\_

Clinic/Agency name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Clinician's signature \_\_\_\_\_ Date: \_\_\_\_\_

**When completed, please fax to 715-425-0742 or send with the student.**

If you have questions, contact the Disability Resource Center at 715-425-0740 or at [drc@uwrf.edu](mailto:drc@uwrf.edu).