

Oakland University
Disability Support Services
Housing and/or Dietary Request Form

Student Name:

Grizzly ID:

Date of Request:

To consider this student's request for an accommodation because of a disability/chronic health condition in his/her housing and/or dietary assignment, Oakland University requires documentation for the student's current medical condition and medical records from the treating and licensed clinical professional thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions.

Student's Diagnosis:

Date of Diagnosis:

What is the desired Housing Accommodation? Please give specific detail.

How does this request relate to the impact of the condition? Does the disability significantly limit any major life activities? Please describe in detail.

What is the level of need for the accommodation (and the consequences of not receiving it)? Would you consider this a preference or a need? Why?

What are potential alternatives if the requested accommodation is not possible?

Is the impact of the condition life threatening if the request is not met? Why? Why not?

Is there a negative health impact that may be permanent if the request is not met? What is it?

Is the request an integral component of a treatment plan for the condition in question?

What is the likely impact on academic performance if the request is not met? Has there been a past impact on academic performance?

What is the likely impact on social development if the request is not met?

Please address any other concerns or give any additional information here:

If a special diet is required, please attach a student specific copy of the special diet to this form.

Please print name here:

Signature:

Credentials/License number:

Date of Signature:

Please attach additional documentation as needed.