

## Request for Reasonable Accommodation in University Housing

### PROCESS INFORMATION

Penn State provides a climate of equal opportunity in all programs, activities, and services, and is in full compliance with the Americans with Disabilities Act (ADA) as amended and Section 504 of the Rehabilitation Act of 1973. University Housing provides accessible housing for a student with documented disability as defined by applicable laws. The student must provide documentation from a licensed, qualified healthcare professional that substantiates that the student has a physical or mental impairment that substantially limits a major life activity and that the requested accommodation is directly related to such impairment and is necessary to afford the student equal access. The presence of a diagnosis that constitutes a disability is not always sufficient for determination of approval for a housing accommodation. Medical and psychological conditions vary in symptom intensity and severity; those conditions that represent a higher symptom severity and functional impairments are prioritized. Requests for a Service Animal or an Emotional Support Animal should follow the process outlined at <https://liveon.psu.edu/accommodation-requests>.

The **Request for Reasonable Accommodation in Housing** form will be reviewed by a medical professional at University Health Services (UHS), Counseling and Psychological Services (CAPS), and/or Student Disability Resources (SDR), who will make a recommendation for accommodation. **The student will receive the determination by email within 10 business days after the initial submission of paperwork.**

A student may submit the **Request for Reasonable Accommodation in Housing** form once a student meets one of the following criteria: the student has accepted a HFS Contract; the student has Requested Housing during the LiveOn Housing Process; the student has added their name to the "On-Campus Housing Waitlist" in eLiving; or the student is eligible to receive a HFS Contract based on their admission status and campus.

The **Request for Reasonable Accommodation in Housing** may be submitted at any time, but for HFS Contract preferences (housing area, roommate) to be considered for assignment, the following deadlines apply:

<b>Summer Session:</b>	<b>June 1</b>	<b>Fall Semester:</b>	<b>June 30</b>	<b>Spring Semester:</b>	<b>December 1</b>
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The determination will supersede any preferences that a student indicates on the HFS Contract.

If the **Request for Reasonable Accommodation for University Housing** is received **AFTER** the indicated **deadline and/or once room assignments are posted**, the University reserves the right to reassign the student to a space that meets the approved determination. Preferences listed on the HFS Contract may not be considered.

- Room changes will only accommodate the student requiring the accommodation, and **not** any requested roommate(s).
- If a determination is made for assignment to a room type that is not immediately available, the student will be given priority for reassignment to that room type as soon as a vacancy exists.

**The accommodation takes effect immediately once the determination is processed, based on space available.** Paperwork cannot be submitted for future semesters without addressing the current room assignment, and a request to hold a reassignment will not be honored.

**Room Assignment Changes:** Once a student has been assigned to a room that meets the student's accommodation, the student may be limited in using the Room Exchange eBoard or processing a room change.

### Accommodations for Air Conditioning at University Park

Rooms that offer air conditioning have been established throughout the different housing areas on campus, including rooms in traditional residence halls with window AC units. An approved accommodation for air conditioning does not mean that a student is necessarily assigned to a climate-controlled building. AC units are not automatically installed in the student's current room assignment; the student will be reassigned to a room where an AC unit is already installed.

**STUDENT INFORMATION – completed by student**

Student Name \_\_\_\_\_ PSU ID: \_\_\_\_\_  
Penn State Access Account \_\_\_\_\_ **Campus:** \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
\_\_\_\_\_

**HEALTHCARE PROVIDER**

I authorize Penn State to receive information from the provider below and authorize my provider to discuss my condition(s) with the appropriate and qualified university staff on an as-needed basis.

Provider Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZED DESIGNEE**

I authorize Penn State to discuss my medical information, *Request for Reasonable Accommodation in Housing* form, and room assignment with the following person, as well as any individual whom I identified to have Delegate Access in LionPATH. Learn more at <https://www.registrar.psu.edu/parents/>.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to student \_\_\_\_\_

**Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT ACKNOWLEDGEMENT**

- If my request is submitted **AFTER** the indicated housing preference modification deadline date, **my housing preferences and roommate request may not be honored.**  
Summer Session: **June 1** Fall Semester: **June 30** Spring Semester: **December 1**
- If my room assignment has been posted on eLiving, I may be reassigned to a room that meets my accommodation. It may be in a different housing option, area, and/or with a different roommate.
- If I am interested in a room change during the contracted period, I will be limited to rooms that can accommodate my documented and verified accommodation.
- Once a determination is made, my room assignment will be updated. The accommodation cannot be held for a future semester and takes effect immediately
- Once the paperwork is submitted for review and a determination is processed, the request may not be rescinded
- A room rate discount may not be offered, based on the room assignment and my housing preferences, and I will be informed of housing options and associated rates.

*My signature on this form indicates that I acknowledge my understanding of these statements.*

**Student Signature** \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT HEALTHCARE SECTION – completed by healthcare provider**

Student Name \_\_\_\_\_ PSU ID \_\_\_\_\_

To properly evaluate how Penn State can best meet the student's need for a reasonable accommodation in University Housing, the licensed clinical professional or healthcare provider who is familiar with the history and functional limitations of the student's medical or psychological condition(s) should provide specific diagnostic information. The provider completing this form **cannot** be the student or a relative.

**The provider should respond to all questions with detailed information** - include relevant diagnoses, specific symptoms, severity/duration of symptoms, and how symptoms interfere with the student's current housing situation or room assignment. Additional related information may be attached.

**1. State the specific housing accommodation(s) that you believe this student requires in University Housing.**

**2. Describe how the student's medical or psychological condition necessitates/warrants this accommodation request. Be specific with diagnoses that apply to the student, as well as specific symptoms related to diagnoses that warrant the accommodation being requested.**

3. When was the last appointment the student attended with you? \_\_\_\_\_

4. How long have you directly treated this student for their condition(s)? \_\_\_\_\_

5. How long is the student's medical or psychological condition likely to persist?

**HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider**

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name \_\_\_\_\_ **License Number** \_\_\_\_\_

Provider Degree \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Provider Signature** \_\_\_\_\_ Date \_\_\_\_\_

Please explain your qualifications to provide a recommendation for a housing accommodation for this student:

**COMPLETED FORM SUBMISSION**

The *Request for Reasonable Accommodation in Housing* form may **be submitted at any time**, but for HFS Contract preferences to be considered for assignment, the following deadlines apply:  
**Summer Session: June 1      Fall Semester: June 30      Spring Semester: December 1**

The completed *Request for Reasonable Accommodation in Housing* should be submitted to the Housing Assignment Office, regardless of the student’s campus of attendance:

**Housing Assignment Office**

455 Bigler Road  
201 Johnston Commons, East Halls  
University Park, PA 16802

814-865-7501  
814-863-8364 fax  
[LiveOn@psu.edu](mailto:LiveOn@psu.edu)