

Disability Services for Students Request for Housing Accommodations

Check Semester: _____ Fall _____ Spring _____ Summer Year: 20 _____

Special housing accommodations may be granted to students who provide appropriate medical documentation supporting the need for such accommodations. In consultation with the Dean of Students and the Vice President for Academic Affairs, decisions for housing accommodation eligibility are made based on the specific recommendations of the appropriate professionals. Housing accommodation requests include but are not limited to a single room, a first floor room and bathroom proximity.

The deadline for submitting the Request for Housing Accommodations and supporting documentation is July 1. Requests received after July 1 will be considered, but accommodations will only be granted when space is available to meet the needs of the student.

Note that a room accommodation will not be automatically granted from one academic year to the next. Students will need to supply documentation each year confirming the continued need for a special housing accommodation.

To determine eligibility for special housing accommodations, Valor Christian College requires current and comprehensive documentation of the student's disorder from the diagnosing physician or other appropriate professional (in the United States).

The following is to be completed by the diagnosing physician or other appropriate professional:

Please answer the following questions pertaining to: _____

Date of Birth _____

1. Diagnosis of medical/mental health/chronic illness(es), date of diagnosis, and last contact with the student?

2. The diagnostic criteria or tests used:

8. Possible alternatives to the recommended accommodation:

Signature of Diagnosing Physician / Appropriate Professional

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____

Signature _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Return form and relevant documentation to:

Dean of Students
Valor Christian College
PO Box 800
Columbus, OH 43216