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BOWLING GREEN STATE UNIVERSITY

Disability Services
Division of Student Affairs

Guidelines for Submitting a Request for Medical/Disability Accommodations for On-Campus Housing

The Office of Residence Life and Disability Services work together to accommodate students with disabilities or medical need in the residence hall setting.

PROCEDURE: This process may take up to and including four weeks for an answer regarding your request. The Office of Residence Life will relay the outcome of your request to you.

The **first** step in the request is filling out the attached form completely, including the personal statement. The **second** step is contacting your doctor to provide complete documentation of your disability/medical need. This step is very important, as the documentation must be from an appropriate certifying professional capable of formulating a diagnosis. This professional must not be related to the student. Please fill out this documentation completely. The **third** step is to return the request to Disability Services.

Again, please understand that this process is for students that have disabilities. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." It is important to note that a chronic health condition in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

Disability Services can also provide accommodations in an academic setting. More complete academic-related documentation may be required. Please contact Disability Services to obtain the proper forms.

413 South Hall
Bowling Green, Ohio 43403-0185
Phone 419-372-8495
TTY 419-372-0582
fax 419-372-8496
www.bgsu.edu

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Disability Services
Division of Student Affairs

Student Request Form
Turn this completed form in to Disability Services

Student Name: ______________________________________ Today's Date: ___________________

Telephone/TTY: ______________________________________ P00: __________________________

On Campus Address: ____

Permanent Address: ____

1. In 1-2 sentences, please indicate the housing accommodations you are requesting (ex. single room, air-conditioned room, etc.)

   ____

   ____

   ____

   ____

2. TYPE a personal statement identifying your rationale for the requested accommodations. Be specific regarding all circumstances relevant to your request. Attach the statement to this form.

Before turning in the request for housing accommodations on the basis of disability, please initial each statement and sign at the bottom:

_____ I understand that by turning in this request for accommodations, I am claiming to have a **disability** as defined by the Americans with Disabilities Act or a medical necessity. A disability is a physical or mental impairment that substantially limits a major life activity in comparison to the average person. If I am not claiming to have a disability, I need to contact the Office of Residence Life for further instructions. Disability Services only serves students with disabilities.

_____ I understand the role of Disability Services is to determine if my condition constitutes a disability. If my condition does not meet the definition of disability, my housing request will be returned to me and I will assume responsibility for following up with the Office of Residence Life.

_____ I understand that this process will take up to four (4) weeks after the receipt of the completed request by Disability Services. The only exception is in the case of an emergency or medical change. In this instance, information from a doctor documenting the urgency of the matter will be required.

_____ I understand that I will be notified in writing from the Office of Residence Life regarding the status of my request and that the Office of Disability Services will not give information over the phone other than verification of the receipt of the request.

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_____ I understand that if my request is not complete, it will be returned to me as denied. A complete request consists of:

- The request form
- The typed personal statement
- The typed and signed documentation from your doctor

I understand all of the afore-mentioned statements.

Signature Date

I do NOT understand one or more of the previous statements. Please Indicate which statement is confusing and it will be explained further.

Signature Date

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Guidelines for Documentation
For Student's Physician/Psychologist

Student Name: ______________________________ Today's Date: ____________________

Telephone/TTY: ______________________________ P00#: ________________________

On Campus Address: ____

Permanent Address: ____

I, ____________________________, a student at Bowling Green State University give permission to release the requested information to Disability Services at Bowling Green State University.

____

Signature Date

This section is a guide for doctors to follow when completing documentation. Physicians/Psychologists may use this form for convenience or make sure to include all of the information requested in a separate statement. If using this form, please type responses. Illegible forms will be returned to the student. We need as many details as possible in order to determine the presence of a disability or medical need; please take the time to be specific and clear.

Bowling Green State University has a residence hall system with varying environments and environmental controls available to meet resident needs. If the student has a disability/medical need that cannot be accommodated within a living unit on campus, the residency requirement will be amended. Please note that as you respond to the following questions, frame your responses to identify environmental changes that will alleviate the student's symptoms, the current and recommended treatment, and specific causes and symptoms of the student's condition.

DSM-IV Diagnosis: Axis I ____

(If applicable) Axis II ____

Axis III ____

Axis IV ____

Axis V ____

Other Diagnosis: ____

Date of Diagnosis: ____

BOWLING GREEN STATE UNIVERSITY

Disability Services
Division of Student Affairs

Date of Last Contact With Student: ____

Basis on which diagnosis was made: ____

Please list the specific symptoms and severity of the student's condition. Please be specific.

____
____
____
____
____

Please list the causes of the symptoms. Please be specific.

____
____
____
____
____

What specific environmental changes will alleviate the student's symptoms? (Please do not write needs to live off campus).

____
____
____
____
____

Current medications including dosage and side effects:

____
____
____

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Long-term medication plan:

____

____

Current compliance with medication plan:

____

____

Prognosis (include likelihood of improvement or further deterioration and within what approximate time frame):

____

____

____

Qualified Professional's Name & Title: ____________________

Address: ____________________

____

Daytime Telephone number: ____________________

Fax number: ____________________

License/Certification number and state of licenser: ____________________

Type of License: ____________________

Date of initial contact with student: ____________________

Date of last contact with student: ____________________

____

Signature Date

____

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

BOWLING GREEN STATE UNIVERSITY, DISABILITY SERVICES, DIVISION OF STUDENT AFFAIRS, 413 SOUTH HALL, BOWLING GREEN, OH 43403; FAX: (419) 372-8496

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Division of Student Affairs

1/06

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