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 needs in the residence hall setting.

Procedure: This process may take several weeks for an answer regarding your request. Once Disability Services has received and reviewed the documentation from an appropriate professional as well as your personal statement, a recommendation will be sent to the Office of Residence Life. The Office of Residence Life will relay the outcome of your request to you. If you are requesting a housing accommodation on the basis of an emergency or change in medical status, please relay this information to Disability Services so your situation can be expedited.

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.
Student Request Form
Turn this completed form in to Disability Services

Student Name: ____________________________ Today’s Date: ________________________
Telephone: _______________________________ BGSU ID Number: ______________________
On Campus Address: ________________________
Permanent Address: _________________________

1. In 1-2 sentences, please indicate the housing accommodations you are requesting (ex. move off campus, 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 or medical need, 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. 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 may take several weeks after the receipt of the completed request in the Office of 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 by the Office of Residence Life regarding the status of my request and that Disability Services will not give information over the phone other than verification of the receipt of the request.

38 College Park Office Building
Bowling Green, OH 43403-0185
Phone 419-372-8495
Fax 419-372-8496
Email dss@bgsu.edu
www.bgsu.edu
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 these statements. Please indicate which statement is confusing, and it will be explained further.

Signature: ___________________________ Date: __________________________
Guidelines for Documentation
For Student’s Physician/Psychologist

Student Name: ___________________________________ Today’s Date: ____________________________

Telephone: ___________________________________ BGSU ID Number: ____________________________

On Campus Address: ____________________________________________________________

Permanent Address: ____________________________________________________________

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

Student’s 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; 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 that cannot be accommodated within a living unit on campus, the residency requirement will be amended. However, a letter merely stating, “the student needs to move out of the residence hall,” is too vague for us to determine if the student’s needs can be accommodated on campus. 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.

Diagnosis: ____________________________________________________________

DSM-IV Diagnosis (If Applicable):

Axis I: ____________________________________________________________

Axis II: ____________________________________________________________

Axis III: ____________________________________________________________

Axis IV: ____________________________________________________________

Axis V: ____________________________________________________________

Other Diagnosis: ______________________________________________________

Date of Diagnosis: ____________________________________________________

Date: ____________________________
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, "Move off campus."

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If relevant, current medications including dosage and side effects:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If relevant, long-term medication plan:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
If relevant, 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 licensor: _____________________________________________

Type of License: __________________________________________________________________________

Date of initial contact with student: __________________________________________________________________

Date of last contact with student: __________________________________________________________________

Qualified Professional’s Signature: __________________________________________________________________

Date: ___________________________________________________________________________________

Please mail or fax this completed form to:
Bowling Green State University
Disability Services
Division of Student Affairs
38 College Park Office Building
Bowling Green, OH 43403
Fax: (419) 372-8496