



ASHLAND UNIVERSITY

Student Accessibility Center Housing Exemption Form

(To be completed by the provider on behalf of a student requesting a Housing Exemption)

This process is reserved for those who have a significant and unforeseen change that occurred that prevents the student from upholding their contractual obligation for housing. Requests to be released from a housing contract due to a medical or psychological reason are evaluated by the Student Accessibility Center (SAC). Students must have documentation of a diagnosed disability that substantially impacts one or more major life activities related to participation in the University's residential program. The housing exemption cannot be solely for the purpose of living off-campus or in order to commute from home.

Students wishing to pursue a release from the housing contract for medical and/or psychological reasons should provide documentation of their disability. Documentation should be completed by the student's healthcare provider or a licensed clinical professional that is familiar with the student's disability and can be provided in a written letter on the medical professional's letterhead or the medical provider can complete this form. Documentation should include:

- A statement of diagnosis identifying the disability, date of diagnosis, associated symptoms and their severity, frequency, and duration.
- A description of how the disability impacts the student within the housing environment including the specific reasons preventing the student from living on campus.
- Rationale of why other housing options such as a single room or access to a non-communal restroom would not meet the student's needs and alternative recommendations for appropriate accommodations.

SAC will review the documentation and the students' request for exemption. If granted, SAC will notify University Housing and the student about the decision.

This information will be used in conjunction with the student's self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAC/AU to approve the accommodation as being reasonable. When recommendations within documentation would primarily enhance success or are considered outside the scope of what is necessary for equal access, the student will be referred to other resources and or given options that may be able to address the specific need.

If you have questions regarding this form, please contact Julie Donatini, Director, Student Accessibility Center at: 419-289-5904 or jdonatin@ashland.edu.

STUDENT INFORMATION

(To be completed by the healthcare provider - Please Print Legibly or Type)

First Name: _____ **Middle Init:** _____ **Last:** _____

Date of Birth: _____

Status (check one): Current student Transfer student Prospective student

Student Cell phone: _____

DISABILITY INFORMATION

To appeal for release from a housing contract due to medical or psychological reasons, students must provide documentation of a diagnosed disability that significantly impacts their ability to participate in the University's residential program. This process is for those with a substantial, unforeseen change after the contract began that prevents them from fulfilling their housing obligation.

Complete the form below in full. If a section doesn't apply, mark N/A or explain why. Ensure responses are clear, as illegible forms may delay review.

Primary (most impactful) Diagnosis:

Date of Diagnosis:

Severity: Mild Moderate Severe

Permanent

Temporary

60 days or less Short term (60-90 days) Long term (3-12 months)

Symptoms (in as much detail as possible):

I am actively treating this student for this diagnosis. Yes No

- 1. Please describe the students' current treatment plan.** (Include relevant medications, frequency of follow-ups, side effects of medications, etc.)

