

**SAS Housing Accommodation Request Form**

Student Accessibility Services (SAS) provides academic support and accommodations for students with disabilities. We determine eligibility for housing accommodations based on a combination of student narrative and medical documentation. Completion of this form helps to verify that students have a diagnosed condition that meets the definition of a disability under federal law. Your responses to the following questions will help us to support the students' access needs during their time at Iowa State University.

**Please complete the following:**

**1. Student Information:**

Client Name:	
Preferred Name:	
Date of Birth:	

**2. History with Client:**

What is your relationship to this student?	
Date of first contact with client:	
Date of most recent contact with client:	

**3. Diagnosis and Impact: What is the DSM or ICD Diagnosis?**


<p>What is the housing-related impact of this disability on your client? <b>Please provide severity and examples.</b></p>

**4. Accommodation Recommendations:**

<b>Housing Accommodation Recommendation</b>	<b>Rationale</b> <i>(How would this student be impacted if they did not receive this accommodation <b>AND</b> why is it medically necessary)</i>

**5. Certifier Information:**

<b>Clinician Name (print)</b>	
<b>Clinician Name (signature)</b>	
<b>Medical Specialty</b>	
<b>License #</b>	
<b>Date</b>	

Please send this completed form and any additional documentation to:

Student Accessibility Services Dean of Students Office 1060 Hixson-Lied Student Success Center 215 Beach Rd Ames, IA 50011	Phone: 515-294-7220 Fax: 515-294-2397 Email: <a href="mailto:accessibility@iastate.edu">accessibility@iastate.edu</a>
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