Iowa State University
Department of Residence (DOR)

Housing and Dining Accommodation Request Form
Revised: January 2019

Student Information - *Please Print Clearly*

Last Name: _____   First Name: _____   M.I.: _____

University ID #: _____   Phone #: _____

Current E-Mail: _____   On-Campus Assignment (if any): _____

ACCOMMODATION PROCESS

Step 1. Contract for Housing - Your accommodation is impacted by your contract date. On the contract there is an accommodation question. Please answer "yes" to this question. Don't assume your needs will be met based only on your contract preferences. Once your assignment is made, we may not be able to change it.

Step 2. Register with Student Accessibility Services (SAS) – Only SAS staff are trained to evaluate accommodation requests, so you must register with this office.

Step 3. Submit This Form - You will need to complete a Housing Accommodation Request Form and submit it to SAS along with the required documentation. If you don't complete this step prior to May 1 for fall, December 1 for spring, or before you are assigned we may not be able to accommodate you. If needed, you may be contacted for clarification or additional information. To avoid delays, please make sure the email above is one you check regularly.

Step 4. Your Request is Reviewed – Once you have completed the above steps, your request will be evaluated by SAS staff who will make a recommendation regarding your assignment. There may be a difference between what you want / ask for and what the law and medical opinion tells us you need. Approval of all requests is at the discretion of Iowa State University.

Request Information - Please answer **ALL** questions.

1. I am requesting this accommodation to begin (date or semester): _____

2. This request is based upon a permanent / reoccurring condition and I will need to be accommodated as long as I live on-campus.

☐ **Yes** - The DOR will make my initial assignment. In future years, I will participate in Recontracting to select my assignment.

☐ **No** - This condition is not anticipated to extend beyond the current academic year. If this changes, I will contact the DOR.

3. This accommodation involves (check all that apply):

☐ Room Type / Amenities   ☐ Equipment / Furnishings   ☐ Assistance Animal *   ☐ Dining Services **

4. I am requesting the following accommodation:

_____

_____

_____

_____

Statement of Agreement - By submitting this form I am agreeing that:

- I have reviewed and I understand the information on the form, the DOR web site (http://housing.iastate.edu/contracts/requests), the ISU Dining web site (http://dining.iastate.edu/meal-plans/exemptions), and the SAS website (http://www.sas.dso.iastate.edu/).
- I am giving DOR, ISU Dining, and SAS permission to discuss this form, my documentation, and other information pertinent to my accommodation request.
- My request will only be considered once appropriate, supporting documentation is received and will then be evaluated on the merits of the documentation provided. Documentation guidelines can be found on the SAS website, http://www.sas.dso.iastate.edu/student/housing.
- * If this is an **assistance animal** request, I am required to complete an **Animals in Residence Form** in addition to this accommodation request. Even if my request is approved by SAS, permission to bring my animal to campus will not be given until the process indicated on that form is complete.
- ** If this is a **dining accommodation** request, I am required to meet with the ISU Dining dietician to discuss my needs. Meal Plan exemptions are approved only if ISU Dining is unable to customize a dining plan the meets my documented medical needs.
- I am aware housing accommodations are impacted by when I contract for housing. If I submit my contract late my requested accommodation may not be possible because appropriate space is no longer available.
- I am aware that this request is for a housing accommodation that first and foremost meets my documented needs. Building and room type preferences listed on my housing contract will be considered and honored if possible, but an assignment within my preferences is not guaranteed.
- I am aware that this request applies only to my housing and does not apply to my roommate or requested roommate.

Student Signature: _____   Date: _____

Parent/Guardian Signature (if student is under 18): _____   Date: _____

Please return your form to **ONE** of these offices:
Department of Residence: 2419 Friley Hall, Ames, IA 50012   **Fax:** 515-294-0623   **E-mail:** housing@iastate.edu
Student Accessibility Services: 1076 Student Services Building, Ames, IA 50011   **Fax:** 515-294-2397   **E-mail:** accessibility@iastate.edu

OFFICE USE ONLY	Received Date:	Documentation Submit Date:	Approved By SDR Date:	Assignment: