



## 25-26 Housing Accommodation Request Form for Returning/Continuing Students with Disabilities

If you will be seeking a housing accommodation based on disability, you must complete the following steps by MARCH 15, 2025: Complete registration with DSS if you are not already registered. Contact DSS ([dss@shu.edu](mailto:dss@shu.edu)) or 973—313-6003 to begin registration process.

- Student must Complete Part I and Sign the Consent for Release of Information.
- Students must provide Part II to disability evaluator or physician.
- Please submit your student portion of the form, Part I, as soon as you have completed it.
- **The provider section must be filled out fully by the provider and must be sent by the provider directly to DSS either via email at [dss@shu.edu](mailto:dss@shu.edu) OR fax 973-761-9185. Any provider forms completed by the student will not be accepted for review.**
- Both parts of the form must be completed and received by DSS **by March 15, 2025**. Requests forms received after the deadline will be reviewed. However, approved accommodations after the deadline may be delayed due to space availability.
- All students must also complete the housing application through the Residence Life portal and pay the housing deposit by the deadlines posted: <https://www.shu.edu/residence-life/>

All completed Request Forms will be reviewed by the Housing Accommodation Committee. The Committee will notify the student of its decision. Any approved accommodations will also be shared with the Office of Residence Life who will make the housing assignment for the student based upon space availability. Student preferences will be met as much as possible within the limits of hall capacities. If a student's request for accommodations is denied, they may appeal through the decision of the Committee through the DSS Appeal Procedure. They will also be advised to participate in the room selection lottery process.

### **Part I: Student to complete the following: All questions are required. Incomplete forms will not be reviewed, so please check this carefully.**

Name (please print clearly or type):

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SHU ID#:

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Student Cellular #:

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SHU Email:

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Status:  Returning Undergrad  Graduate Student

Year in School:  Freshman  Sophomore  Junior  Senior  Graduate Student

Accommodation Request is for:  Fall  Spring  Summer

1. State the nature of your disability for which you are requesting a housing accommodation:

2. Please order preference of residence halls on campus that you would like to live in. Please note that this is not guaranteed, as certain buildings cannot meet specific accommodation needs depending on availability.

For Returning Students Only:

- Cabrini Hall  
 Neuman Hall (No elevator)  
 Xavier Hall  
 Serra Hall (No elevator)  
 Turrell Manor (Off campus – No parking at building)  
 Ora Manor (Off campus – Minimal parking by lottery – Medical Exception Parking Requests Due 6/1/25)

Residence Hall Rates <https://www.shu.edu/bursar/tuition-and-fees.cfm#residencerates>.

3. Please **select** your requested accommodation on the line to the left of the accommodation listed and explain any housing accommodation(s) you selected that are related to your disability. Please be very specific. You may select more than one option such as marking both a double room and a room on a lower floor. The committee will not be able to accommodate post-placement changes such as a room on a lower floor if you do not select it during the initial review of your request. If your request is not supported by your documentation, disability, or is not a room combination that we have in our housing inventory DSS will work with you to meet as many of your documented needs as possible.

- Semi-private bathroom  Private bathroom  Communal bathroom  Single room  Double room  
 Room within a Suite  Service animal  Room on a lower floor (no stairs)  Wheelchair Accessible Room  
 Elevator building

Emotional support animal (Ensure you fill out the ESA Housing Accommodation Request on our website and not this form. ESA requests will only be evaluated when a student fills out the ESA Housing Accommodation Request Form.)

Other needs than listed:

Please explain the functional limitations of your disability that will be significantly alleviated by each of the above accommodations.

4. Have you had this accommodation at Seton Hall University in the past? If so, please specify when you had this accommodation:

5. Do you require the use of an elevator?  Yes  No  Sometimes (please specify when below)

6. Can you use stairs?  Yes  No  Sometimes (please specify when below)

7. Will you require assistance in an emergency evacuation?  Yes\*  No

\*If yes, please specify type of assistance needed and DSS will put you on a life safety list to share with Public Safety and senior HRL staff:

8. Do you need audio or visual alarms (i.e. bed shaker, strobe fire alarm) for emergency egress in your individual room? Please answer Yes or No. (Please note that audio/visual alarms are standard in the common areas of the residence halls. Visual alarms are not available in all rooms and Residential Life staff will determine placement to ensure they are available. Visual alarms do not replace the audio alarm, but are provided in addition to it.)

Yes  No

If yes, specify what type(s) of alarm you need:

9. Please add any other information you feel is important for us to consider in reviewing your request.

Student Signature:

Date:

Please sign the release below and submit the forms to your physician or treating clinician to fill out pages 4-8. All pages must be completed and submitted directly by your provider to [dss@shu.edu](mailto:dss@shu.edu) or via fax 973-761-9185. Any student filled out provider forms will not be reviewed.

**Consent for Release of Information (to be completed by student):**

I authorize  (Print Physician or Provider's name) to disclose the information requested by this form to the office of Disability Support Services at Seton Hall University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other university offices.

Student Signature:  Date:

**Physician or Disability Provider Verification**

Accommodations are only available to registered students identified as having a disability and actively under treatment. **A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

**Please type answers or write clearly. Forms with illegible handwriting will be returned to the student to resubmit.**

1. Based on this definition does the individual have a disability?  Yes  No

Date of original diagnosis:

Date of most recent evaluation/treatment session:

Is the student currently under your care?  Yes  No

How long have you been treating this student for this condition?

2. State the student's disability diagnosis or diagnoses, including diagnostic code, if applicable.

3. What housing accommodations are you recommending for this student? \_\_\_\_\_

4. When did you recommend the student use these accommodations?

5. Please elaborate on why you are recommending these accommodations for the student to use when living on campus and how this accommodation will reduce the impact of the students' disability in campus housing:

6. Describe the student's functional limitations or behavioral manifestations caused by the condition:

7. Please describe the type, severity, and frequency of symptoms related to this disability.

8. What do you foresee as the impact living in a college residential hall setting without the student's requested accommodations?

9. What is the expected duration, stability, or progression of the student's disability?

10. Please describe current treatments, prosthetic devices, and/or medications student is utilizing for treatment (for instance, frequency and duration of counseling treatment if any for a mental health condition):

11. Is the disability mediated or well-controlled by medications or other treatments?  Yes  No

12. Is this request medically or clinically necessary, or recommended only to enhance the comfort and convenience of the student?  Medically necessary  Recommended only for comfort and convenience

13. Please explain how the requested accommodation(s) relate to the impact of the condition. How will the accommodation(s) significantly alleviate the functional limitations of the student's disability?

14. Is there a negative health impact that may be permanent if the request is not met?  Yes  No

15. Is this accommodation an integral component of an ongoing treatment plan for the condition in question?  
 Yes  No

If yes, please elaborate on how the requested accommodation is an integral component of the treatment plan:

16. Have you considered any alternative accommodations that would provide the same benefit to the student other than the suggested, if so, please elaborate:

17. Is there anything else we should know that we haven't asked about? If so, please elaborate here.

**THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID**

Physician or disability evaluator INFORMATION (Please Print Legibly and/or use your stamp – if we cannot read this, we will request for it to be completed again.)

Name:

Title:  Specialty:

Office Address:

Phone:

License/Certification Number and State of License:

Signature:

Date:

Providers must Fax or Email completed form directly to:

DSS, Seton Hall University Email: [dss@shu.edu](mailto:dss@shu.edu)

(973) 313-6003 (p), (973) 761-9185 (fax)

Provider forms cannot be sent by students.