Saint Xavier University
Student Life

Request for Housing Accommodation

What is the Policy and Process?
Saint Xavier University provides reasonable accommodations to students with disabilities. Students with physical or mental health conditions who wish to request housing accommodations should complete and return this form, including the section to be completed by your health care provider.

Students requesting housing accommodations should complete the online Housing Application through eRezLife and return this form and requested documentation to Student Life. Requests will be reviewed, and students will be notified via email (or, where appropriate or necessary in light of a disability, through some alternative method). Students are expected to notify Student Life of their decision to accept or decline the accommodation assignment. This should be done in writing (email will suffice) but, if necessary, a call to the Student Relations Specialist at 773-298-3123 will serve as sufficient initial notification. If the University does not receive a response to the notification within five business days after notification, the University reserves the right to treat this as a decision to decline the granted accommodation.

Please note the following dates:

Returning Students:

February 1, 2025	Housing Application Opens
March 27, 2025	Deadline to Apply for Housing Accommodations
April 4, 2025	Notification of Decision
April 11, 2025	Deadline to Accept or Decline Housing Accommodation

New Students: The recommended deadline to apply for accommodations for the first round of housing assignments is **May 31, 2025**. After this date, accommodation requests will be reviewed on a case-by-case basis each month (June 21, July 22, August 12) and as needed during the academic year. The University will make every effort to provide reasonable accommodation as requested. However, depending upon the timing of the request, the University's ability to provide reasonable accommodations within housing may be delayed or unavailable if the housing system is at capacity. Students are urged to comply with the deadlines set forth above to the greatest practical extent.

- **Additional Notes:** Documentation of a specific need or disability does not guarantee that the specific accommodation requested will be granted. The University has the right to select from among reasonable accommodations, although we will engage in an interactive process with students to try to meet student requests to the extent reasonable.
- Students granted housing accommodations are not eligible to participate in the housing selection process but are most likely to be assigned within the designated spaces allotted in the housing system. When applicable, students will have the opportunity to provide a roommate or suitemate request as part of the accommodation process.
- Housing assignments are made based on need. Assignment to a specific residence cannot be guaranteed, although the University will make reasonable efforts to place students in requested residences.
- Housing accommodations are made for the applicant only. Housing with specific roommates is not guaranteed, although, again, the University will make reasonable efforts to place students with roommates of their choice.
- Housing accommodations are granted for one year only. Updated information is required each year, and renewal is not guaranteed.
- The student has the right to decline the housing assignment. At the same time, the University remains open to discussing alternative accommodations, which may affect the timing or scope of the housing accommodations available.
- Documentation should be submitted to **the Office of Student Life**: Warde Academic Center Room L-103, 3700 W. 103rd Street Chicago, IL 60655, (773) 298-3123, FAX (773) 298-4335.

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To Be Completed by the Student

Name:_____ Phone:_____

Email:_____ Current Campus Housing: _____

What is the medical or mental condition for which you are seeking housing accommodations?

What major life activities are substantially limited by this medical or mental condition? *Examples of major life activities include seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and self-care.*

What specific reasonable housing accommodations are you requesting? Please explain how this housing accommodation will address the limitations described above.

Consent and Release of Information- initial on each line and sign*:

_____I authorize Saint Xavier University and its representatives to share information related to my *Request for Housing Accommodations* with relevant departments and individuals. This includes but is not limited to Student Life, Accessibility Services, Health Center, and Counseling Services. I recognize that sharing this information is necessary for departments to work collaboratively for my benefit.

_____I authorize Saint Xavier University and its representatives to contact my health care provider for additional information related to this request.

_____I recognize that submission of the *Request for Housing Accommodation* and accompanying documentation does not guarantee that a specific request will be granted and that the University reserves the right to select reasonable accommodation.

_____I have read this document thoroughly and agree with the process described.

*This release is effective for one year from the date signed.

_____ _____

Student Signature Date

Saint Xavier University
Student Life

Student Signature/ Healthcare Provider Review

Instructions for Students:

Please complete the *Consent for Release of Information* below and deliver this form to your health care provider. For **medical requests,** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). For **mental health requests**, this should be an appropriately *licensed psychiatrist, psychologist, or counselor*. The person completing this form cannot be related to the student.

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

I authorize_____(healthcare provider's name) to disclose the information requested on this form to Saint Xavier University for the purpose of evaluating my request for housing accommodations. I authorize both parties to discuss information, as needed, related to my request. If requested by my healthcare provider, I will execute a further release permitting Saint Xavier University to confer with my healthcare provider.

Student Name: _____ Date of Birth: _____

Student Signature: _____ Date:_____

Instructions for Health care Provider Completing this Form:

The student named above has requested a housing accommodation at Saint Xavier University in Chicago.

Saint Xavier University provides reasonable accommodations to students with documented disabilities. Housing accommodations are limited and will be evaluated on a case-by-case basis. In order to evaluate the student's request effectively, the University requests documentation from an appropriately qualified health care provider. For **medical requests,** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). This should be an appropriately *licensed psychiatrist, psychologist, or counselor* for mental health requests. The person completing this form cannot be related to the student.

Please answer each question on the form thoroughly. This information will be used to determine how to most appropriately address the student's request for housing accommodations.

Please feel free to contact us with any questions: (773) 298-3123.

Completed forms can be returned with the student or faxed to:

Saint Xavier University
Office of Student Life
Fax: (773) 298-4335

Saint Xavier University
Student Life

To Be Completed by the Healthcare Provider

Health Care Provider Statement for Housing Accommodations

Student Name:_____ DOB: _____

Major Life Activity/Disability Information

Reasonable accommodations are available to students identified as having a disability. 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 include seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and self-care.

Based on the above definition, does this individual have a disability? YES NO

Medical History

Primary Diagnosis and ICD-10: _____

Secondary Diagnosis and ICD-10: _____

(If applicable, attach a copy of test results, i.e., allergy testing, lab work, pathology.)

When was this condition diagnosed? _____

How long has the student been under your care? _____

Date of your most recent evaluation related to this condition? _____

Does the student take prescription medication for this condition? **YES NO**

If yes, please specify medications, doses and frequency:

Does the student utilize other treatments or interventions for this condition? **YES NO**

If yes, please describe:

Health Care Provider Signature:_____ Date:_____

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To Be Completed by the Health Care Provider

Responses may be typed or summarized on separate sheet and attached with signature details.

Do you believe that your examinations and discussions with this student offer you a sufficient basis to comment upon this student's request for reasonable accommodation?

If so, please explain which, if any, major life activities of the student are substantially limited by this disability.

Please describe in detail the functional limitations of this student's disability.

How would the requested housing accommodation address the substantial limitations discussed above and help the student to obtain equal access to housing at the University?

Are there any other reasonable accommodations, either in addition or as an alternative to the requested accommodation, which would address the student's substantial limitations?

Additional Comments (anything else that you would like the University to understand):

Health Care Provider Name: _____ _____
Please Print Credential or Degree

Signature: _____

License # / State: _____

Address: _____

Phone: _____ Fax: _____

Medical Office Stamp:

Completed forms and supporting information can be returned with the student or faxed to:
Office of Student Life: FAX (773) 298-4335

02/26/2025