



Residence Life and Housing Office

Housing Reasonable Accommodation Request

Student Name: _____ MSU ID: _____

Disabilities that are not easily apparent must have supporting documentation. If you don't have current documentation, you may have your medical provider or the professional with expertise in the area of your disability and knowledge of your current condition fill out this brief form to support your request.

This form does not need to be completed for a Service Animal. Students requesting a Service Animal only need to complete the Assistance Animal Agreement/Registration.

Accommodations are for the academic year in which they are requested and must be resubmitted each year.

Federal disability laws, including the Fair Housing Act, the Americans with Disabilities Act, and §504 of the Rehabilitation Act of 1973, define disability as a physical or mental impairment that substantially limits one or more life activities (e.g. walking, breathing, learning, etc.) The disability must be permanent (of continual or long duration) to be protected by these laws.

- 1. Considering the federal definition above, does this student/resident have a disability?
__ YES __ NO

The legal definition of a reasonable accommodation is an alteration to the physical structure of the facility or an exception to the rules or policies governing the facility. The purpose of the accommodation is to either lessen or eliminate the adverse effects of the disability. A reasonable accommodation does not put an undue burden on either party.

Accommodation Requested:

__ Single Room __ Emotional Support Animal __ First/Ground Floor

Other: _____

In your professional opinion, is the request described necessary for this student/resident to live on campus while attending Minot State University?

__ YES __ NO

- 2. Describe how this accommodation or adjustment will lessen or eliminate the adverse effects of the disability.

Verifier Name (Please Print): _____

Position/Title: _____

Professional Address: _____

Telephone: _____

Signature of Verifier: _____ Date: _____

Please return completed form to:

Minot State University - Residence Life & Housing Office
500 University Ave. W.
Minot, ND 58707
701-858-3363
msu.housing@MinotStateU.edu

Disability information is confidential under Federal law and must be kept in a secured file.

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