

Student Request for Accessible Residential Accommodations (ADA)

Accessible Housing Accommodations are provided on a case-by-case basis with relation to a student's documented disability(ies). To qualify as a student with a disability covered under the Americans with Disabilities Act (ADA), the student must have a current condition that substantially limits a major life activity, and the accommodation requested must be deemed reasonable and appropriate in order to establish access to Roger Williams University's residential life program. A diagnosis, in and of itself, does not automatically qualify the student for the requested accommodations. In order for your request to be considered, please submit this form in its entirety to the Student Accessibility Services Office (sas@rwu.edu).

\*Please note that there is a separate process/form for an Emotional Support Animals (HUD/FHA) request.

\*Returning Student Renewal/Request Deadline: February 28th \*\*First Year Incoming Student Request Deadline: June 30th

Student Name: Student ID #

Student e-mail: @g.rwu.edu Date of Request:

I am a (check one): returning/current student new incoming first-year student
new transfer student applying for readmission to the University

I am requesting housing accommodations for the:

Fall Semester Spring Semester Winter Intersession Summer Full Academic YEAR

I authorize my treating clinician(s) to communicate with Roger Williams University to provide consultation regarding requested accommodations.

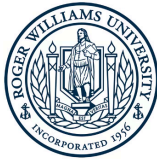
Accessibility Accommodation(s) Requested:

- Each accommodation requested must be supported by a personal rationale and documentation from your treating clinician that identifies an area of substantial limitation.

Student Statement: Based on my medical/physical/mental health diagnosis, I am requesting housing accommodation(s) and I have checked and ranked above to allow me to fully use and participate in residential housing for the following reasons:

Blank lines for student statement

Student's signature: Date:



**Treating Practitioner’s Verification of Disability/Illness  
Related to Request for Accessible Residential Accommodations (ADA/504)**

Documentation, and pages 2-3 of this form, must be provided/completed by a treating licensed or credentialed professional with specific training or expertise related to the condition(s) that have been diagnosed. This request form must be fully legible and completed in its entirety for processing.

**Student Name:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_

**RWU Student ID #:** \_\_\_\_\_ **Class rank (FY, SO, JR, SR, GR):** \_\_\_\_\_

**Diagnosis/es:** \_\_\_\_\_

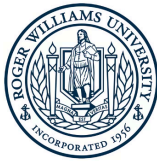
**Date of Last Clinical Contact:** \_\_\_\_\_

**Date of Initial Diagnosis:** \_\_\_\_\_

Severity of current symptoms (select one):                    **Mild**                    **Moderate**                    **Severe**  
Condition is (select one):                    **Stable**                    **Temporary**                    **Prone to exacerbation**                    **Episodic**                    **Permanent/chronic**

1.) Describe the current functional limitations due to the disabling condition, demonstrating how a major life activity is significantly limited by the condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



2.) Is there any other information we should know about the student to work equitably and effectively with them? Housing and Residential Life accommodation suggestions?

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*I understand that the information provided will become part of the student's record and may be released to the student upon their written request.*

\_\_\_\_\_  
*PRINT Name of Verifying Professional*

\_\_\_\_\_  
*PRINT Title*

\_\_\_\_\_  
*License #*

\_\_\_\_\_  
*Verifying Professional's Signature*

\_\_\_\_\_  
*Date*

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*City, State, Zip Code:* \_\_\_\_\_

***Please save, scan, and email the completed form to [sas@rwu.edu](mailto:sas@rwu.edu)***