HOUSING ACCOMMODATION FOR STUDENTS WITH DOCUMENTED DISABILITIES

If you are a student with a documented disability who needs to request reasonable accommodations for housing, you will need to work closely with the Office of Accessibility Resources (OAR).

Below you will find information about the following:

- Deadlines for Submitting Request
- Documentation needed
- Process
- Forms

For all housing accommodation inquiries, please contact: Heather Fowler, Director
The Office of Accessibility Resources
227 Marts Hall, Lewisburg, PA 17837
Phone: 570-577-1188 Fax 570-577-1826
hf007@bucknell.edu

DEADLINES

The OAR and Housing Services collaborate to provide accommodations for student with disabilities. We will make every effort to provide your housing accommodation needs. Depending on the nature of the accommodation requested, available housing accommodations may be quite limited. Therefore it is important to ensure that all required documentation is complete and submitted on or before the deadlines identified below. Your request and complete supporting documentation for the next academic year should be submitted to the OAR as follows:

- Sophomores, Juniors, and Seniors: Prior to March 1 (current and updated documentation may be required)
- First-year students: Prior to June 10
- Transfer students/students returning from a leave: Fall: prior to July 1 & Spring: Prior to December 1 (current and updated documentation may be required)

DOCUMENTATION NEEDED

- Housing Accommodation Request Form (Student)
- Housing Accommodation Request Form (Professional)
  - Please note that the certifying professional who specializes in the area of the disability (not a family member) must complete the form and provide information (Section B fully completed) and not be on a prescription pad.

PROCESS

The OAR evaluates all requests on an individual basis. The student will need to sign the waiver on the Housing Accommodation Request Form (Professional). While the OAR understands the importance of confidentiality and privacy, if a request for housing accommodation is to be given full and appropriate consideration, it may be necessary for the OAR to contact the certifying professional. It is the responsibility of the student to notify the certifying professional’s office of the need for the information requested on the Housing Accommodation Request form (Professional) and to authorize the release of requested information. All documentation is kept with the OAR, which will share information only on a need-to-know basis. If the form(s) are not completed, the OAR may not be able to proceed with a review.
1. The student completes the Housing Accommodation Request Form (Student) and submits it to the OAR.
2. The student signs the waiver on the Housing Accommodation Request Form (Professional) and asks professional to complete it. The Student is responsible for ensuring that the Professional form was forwarded to the OAR.
3. The OAR reviews request, communicates with Housing Services, and determines reasonableness of requested accommodation(s). The OAR will notify the student if additional information/documentation is needed. The OAR may request additional documentation from the student or the Professional or request updates at any time.
4. The OAR will inform the student if the housing accommodation is reasonable and can be met as requested or with modification(s).
This form is to request housing accommodations for students with a documented disability. This form, along with your typed responses to the information requested in section B below, must be submitted to:

Heather Fowler, Director  
The Office of Accessibility Resources  
227 Marts Hall, Lewisburg, PA 17837  
Or fax to: 570-577-1826  
For questions, contact 570-577-1188 or hf007@bucknell.edu

SECTION A – STUDENT INFORMATION

Last Name _______________________________  First Name ____________________________  MI ________
Student ID # ____________________________  Class Year ____________________________
Home Telephone # ____________________  Cell Phone # __________________________  Box#____
Home Mailing Address _________________________________________________________________________  _________________________________________________________________________
Campus Address __________________________  BU Email: ___________________@bucknell.edu  
(if incoming student, leave blank)  (if incoming student, leave blank)

SECTION B – CONDITION AND HOUSING ASSIGNMENT REQUESTED

Please provide responses to the following information request regarding your disability and attach statements to this form:

1. Please specify the disability requiring housing accommodations and whether the requested housing accommodation is temporary or permanent.
2. Please describe your housing request(s) (i.e., no stairs, a room with kitchen access, etc.).
3. Please provide a thorough explanation of how the request (#2) relates to the need (#1).

I certify that the documentation and statements attached to this request are true and accurate. I agree that OAR may share this information, as well as that provided by my health care provider, with the necessary University personnel in making a determination regarding my request and implementing an approved accommodation.

Student’s Signature ____________________________________  Date _______________________

OAR use only

Date of Initial Review: ______________________________
Date of Final Decision: ___________________________
The above named student is requesting housing accommodations at Bucknell University. In order to respond to the student’s request, Bucknell University requires the information below. Please complete Section A and Section B listed below and return to:

Heather Fowler, Director
The Office of Accessibility Resources
227 Marts Hall, Lewisburg, PA 17837
Or fax to: 570-577-1826
For questions, contact 570-577-1188 or hf007@bucknell.edu

SECTION A – CERTIFYING PROFESSIONAL CONTACT AND CREDENTIALS INFORMATION

Name ____________________________
Specialty ____________________________ Phone # ____________________________
Address _____________________________________________________________________________
License/Certification Number and State of License: ____________________________
Date of initial contact with student/patient ________________________ Last contact ______________

SECTION B – DIAGNOSIS, TREATMENT, AND RECOMMENDED HOUSING ASSIGNMENT

Please provide the following information for consideration of a housing accommodation at Bucknell University. Please provide this information on your professional office stationery (not a prescription pad) and attach to this sheet. Thank you for your time and support in providing assistance for this student.

1. A diagnostic statement including the date of most recent evaluation.
2. The current impact of, or functional limitations imposed by the student’s condition and how a housing accommodation would alleviate it.
3. The expected duration, stability, or progression of the diagnosis.
4. Specific recommendations for a housing assignment as well as an explanation supporting the recommendation. Please include the level of need for (or consequences of not receiving) the recommended housing assignment.

I certify that the documentation and statements attached to this request are true and accurate and that I am not a family member of this student.

Certifying Professionals’ Signature ____________________________ Date ___________________
This checklist and the attached forms provide the steps for requesting housing accommodations. The decision regarding the request will be communicated by the OAR.

_____ Sign waiver and submit Housing Accommodation Request Form (Professional) (included in this packet) to the certifying professional.

_____ Complete Housing Accommodation Request Form (Student) (included in this packet) and include the information requested in Section B on a separate typed sheet.

_____ Submit Housing Accommodation Request Form (Student) and information requested in Section B to:

   Heather Fowler, Director  
   The Office of Accessibility Resources  
   Marts Hall, Lewisburg, PA 17837  
   Or fax to: 570-577-1826  
   For questions, contact 570-577-1188 or hf007@bucknell.edu

_____ Verify with practitioner that Housing Accommodation Request Form (Professional) has been submitted to the OAR.