

Student's Signature

MEDICAL ACCOMMODATION REQUEST

Date

Housing a	and Residential	Life
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Housing and Residential Life Name:Panther ID #:					
Name:	Pantner	ID #:			
FIU Email:	Cell #:	Date	20		
Complex: ☐ BVH ☐ EVE Request for:	E OLVN OLVS OPH OP	VH TOW TUA	Room/Apt.#:		
•	□Spring□Summer A	∆ □Summer B_	Summer C		
	ion of reasonable and appropria Housing and Residential Life red				
In order to obtain a reasonable submit the documentation description	e medical accommodation of the lacibed below:	Housing agreement, I un	derstand that I need to		
	edical and/or mental health care should not come from a family r	•	-		
✓ Nature, duration, and of living situation and an	under care for the illness or injury diagnosis of the medical problem wit special living arrangements that mathe assessment. Hospital or physicial	ay be needed. The more o	letailed the information is		
Reasonable Accommodation Red	esponsibility to gather and submit doc quest. I also acknowledge that my fa aware that the availability to accom	ilure to submit complete do	ocumentation will result in		
☐ FIU Disability Resou	th a copy of this form to the (DRC) list urce Center (DRC), 11200 SW 8 th S tion Based on a Medical Need	ted below: Street GC 190, Miami Flor	ida, 33199, Request for		
recommendation to the Housing further understand that my medica To make this evaluation, I author	on will be reviewed by the approposition of the community of the approposition as to whether a special accommal information will be kept confidential ize my health care provided to discuss the care specialist at FIU working in continuous controls.	nmodation request needs t and will not be shared with ss my condition with the D	o be further considered. I the Housing Office.		
professionals discuss my condition	dical condition, I consent to having a on with my health care provider and to r a Request for Reasonable Accomm	o answer questions raised	by my records in order to		
Accommodation request based of are true and accurate to the best process will result in the automostudent Conduct and Conflict Reprovided but Housing is not able	stood the instructions and procedures on a medical condition. I further here to find the things of the total and the things of t	by certify that the statement t any evidence of fraud or and that the Housing office derstand that if my recomm demain in my current assign	nts I make in this request misrepresentation in this will inform the Office of endation from the DRC is		

TO BE COMPLETED BY THE DRC

FOR OFFICE USE ONLY					
Drivets of Manua		T:41-			
Printed Name		Title			
			20		
Authorized Signature		Date			
Please provide a brief description of what spethis student:	ecial living accommo	odations (if any) that	are being requested for		
			_		
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Please specify the type of unit required and b	ouilding location (l.e.	A single unit by the	mselves with no one		
, , , , , , , , , , , , , , , , , , ,	y (:	3			
else in the apartment/unit, a single room in a	an apartment with ot	her individuals):			
Upon completion please return to:					
	ousing Office				
	sity Towers Room #	121			