Name: ____________________________  Panther ID #: ____________________

FIU Email: ____________________________  Cell #: ____________________  Date ____________________ 20____

Complex:  □ BVH  □ EVE  □ LVN  □ LVS  □ PH  □ PVH  □ TOW  □ UA  Room/Apt. #: ______

Request for:  (Check Only One):  □ Fall/Spring  □ Spring  □ Summer A  □ Summer B  □ Summer C

In order to ensure the provision of reasonable and appropriate housing accommodations for students with medical/physical conditions, Housing and Residential Life requires documentation from the FIU Disability Resource Office.

In order to obtain a reasonable medical accommodation of the Housing agreement, I understand that I need to submit the documentation described below:

A letter from my licensed medical and/or mental health care provider written on the health care provider’s letterhead. The documentation should not come from a family member. The letter should be typed and follow this format:

✓ Dates that I have been under care for the illness or injury
✓ Nature, duration, and diagnosis of the medical problem with a description of how it interferes with my current living situation and any special living arrangements that may be needed. The more detailed the information is the easier it is to make the assessment. Hospital or physician bills will not be accepted as documentation.

I acknowledge that it is my sole responsibility to gather and submit documentation that supports this Housing Agreement’s Reasonable Accommodation Request. I also acknowledge that my failure to submit complete documentation will result in the denial of my request. I am aware that the availability to accommodate my request will also be based on space availability.

Send the documentation along with a copy of this form to the (DRC) listed below:

□ FIU Disability Resource Center (DRC), 11200 SW 8th Street GC 190, Miami Florida, 33199, Request for Reasonable Accommodation Based on a Medical Need

I understand that my information will be reviewed by the appropriate office in order for the DRC to provide a recommendation to the Housing office as to whether a special accommodation request needs to be further considered. I further understand that my medical information will be kept confidential and will not be shared with the Housing Office.

To make this evaluation, I authorize my health care provider to discuss my condition with the Disability Resource Center (DRC) and/or the designated health care specialist at FIU working in conjunction with the DRC.

To appropriately assess my medical condition, I consent to having a Florida International University (FIU) health care professionals discuss my condition with my health care provider and to answer questions raised by my records in order to make the evaluation as to whether a Request for Reasonable Accommodation based on a Medical need is warranted.

I have received, read and understood the instructions and procedures associated with requesting a Housing Reasonable Accommodation request based on a medical condition. I further hereby certify that the statements I make in this request are true and accurate to the best of my knowledge. I understand that any evidence of fraud or misrepresentation in this process will result in the automatic recommendation for a denial and that the Housing office will inform the Office of Student Conduct and Conflict Resolution for appropriate action. I understand that if my recommendation from the DRC is provided but Housing is not able to accommodate the request, I will remain in my current assignment as per the housing agreement or can submit a cancellation request to cancel my agreement for medical reason.

______________________________  ____________________
Student’s Signature  Date
TO BE COMPLETED BY THE DRC

FOR OFFICE USE ONLY

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<tr>
<th>Printed Name</th>
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Please provide a brief description of what special living accommodations (if any) that are being requested for this student:

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Please specify the type of unit required and building location (I.e. A single unit by themselves with no one else in the apartment/unit, a single room in an apartment with other individuals):

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Upon completion please return to:

The Housing Office
University Towers Room #121