

### SPECIAL HOUSING ACCOMMODATIONS

The deadline for requesting Special Housing Accommodations is June 1<sup>st</sup> for entering students and by the published Housing Renewal Application deadline for upperclassmen. Only requests submitted on-time and approved will be considered, and will be satisfied based on space availability as determined by Administrative Services. Requests for air conditioning because of allergies will not be approved due to space limitations.

This form must be submitted annually and filled out by the student's physician.

Date \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ FR / SOPH / JR / SR (circle)  
Student Name (Print) \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medications \_\_\_\_\_

Treatment Plan \_\_\_\_\_

Accommodations requested \_\_\_\_\_

Duration accommodations required (must renew annually) \_\_\_\_\_

Please specify how the accommodation is related to the medical diagnosis:  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

By submitting this form, the student is giving the Student Health Center staff permission to contact his/her primary care provider for further information as needed.

Student Name: Print and Sign

Date

Please submit this form to: **La Salle University / Community Development**  
**1900 W. Olney Avenue Philadelphia, PA 19141**  
**or fax to 215-951-5109**

**DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Action: Approved / Denied (circle) Accommodation \_\_\_\_\_  
Approval: 1 year / 4 year (circle) Date Student Informed of Decision (letter sent) \_\_\_\_\_  
More Info Needed: Date \_\_\_\_\_ Name/phone of Physician \_\_\_\_\_