

**REASONABLE ACCOMMODATION REQUEST FORM
FOR COLLEGE HOUSING**

Notre Dame College ("NDC" or the "College") recognizes the importance of providing reasonable accommodation in its housing policies and practices where necessary for students to use and enjoy College housing. A reasonable accommodation is an exception to the usual rules or policies that a resident may need to have an equal opportunity to use and enjoy College housing.

Please complete this form and return it to the Office of Residence Life no fewer than 30 days before you intend to move into College housing. You may return the form by regular mail, or email to:

Request for Reasonable Accommodation
NDC Office of Residence Life
4545 College Rd
South Euclid, OH 44121
Phone: (216) 373-5329
Email: housing@ndc.edu

Please answer the following questions:

Name of Student/Resident (print): _____

Specific Accommodation being requested (please add additional pages, if necessary):

- Air Conditioning Unit
- Single Room
- Assistance Animal
- Other (please explain)

Please identify why you believe the accommodation is necessary:

You must provide a verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a need for an accommodation and that the accommodation is necessary to provide you an equal opportunity to use and enjoy College housing. Please identify the person that can provide such a verification, if necessary.

Name: _____

Title: _____

Address: _____

Telephone: _____

You must also provide a signed release from a reliable third-party (e.g., a physician or other medical professional) that Notre Dame College personnel (Office of Residence Life, Counseling Services, Dwyer Learning Center, Academic Support Center, etc.) may contact that third-party to verify the request for an accommodation, and exchange any and all information pertaining to details of the need for the accommodation.

I have attached a signed release from a reliable third-party to this request.

Signature of Resident: _____

Date _____

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy College housing.