Section 2: ACCOMMODATION CATEGORY

I require consideration for specific residence accommodation under the following category:

□ Medical                                 □ Personal/Cultural/Religious □ Dietary
□ Mobility                               □ Learning Disability                   □ Mental Health
□ Hearing/Vision □ Service Animal □ Other

I hereby authorize my physician or other appropriate attesting professional to provide the following information to the University of Guelph relating to my request for accommodation. I hereby attest that all information on this sheet and any accompanying documents are accurate and true, and sufficiently describe my needs related to living on campus. I further understand that although every effort will be made to reasonably accommodate student needs, all residence assignment decisions are subject to review and accommodation decisions will be based on verified need.

Student Signature____________________________________________________________________     Date: ___________________________
Section 3 continued .... to be completed by Attesting Professional

Please indicate below the requirements that you deem applicable to the needs of this student:

- [ ] Private Room
- [ ] Daily access to kitchen
- [ ] Main floor accommodation
- [ ] Low washroom ratio
- [ ] Single Gender
- [ ] Motorized mobility (i.e. wheelchair, scooter) accessible
- [ ] Strobe/Bedshaker
- [ ] Service animal
- [ ] Single Gender
- [ ] Student-supplied equipment
- [ ] Other (please specify): _______________________________________________________

Please elaborate on the above requirements if necessary. Please do not recommend a specific building location, as we have multiple locations that can accommodate most conditions.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Name (print): _____________________________________ Position: ______________________________
Organization: ____________________________________ Address: ______________________________
Email: __________________________________________ Phone: _______________________________

I hereby attest that I am familiar with the student in question and their specific needs and by completing this form have recommended criteria for an assignment in residence that best fits their needs.

Attesting Professional Signature: ______________________________ Date: ______________________

[ ] I understand that in order to properly consider this request, Student Housing Services may, in confidence, share this information and/or consult with other professional staff including, but not limited to, Student Accessibility Services, Student Wellness, Campus Community Police, Residence Life management, or other professionals, as appropriate. I further understand that I am responsible for the applicable residence rates and charges for the room type and location that I am assigned.

[ ] I have records on file with Student Accessibility Services (SAS) and authorize SAS to share information in my file with Student Housing Services.

Student’s Signature: __________________________________________ Date: ______________________

Residence Admissions - Student Housing Services
Maritime Hall, University of Guelph
Guelph, ON N1G 2W1

Phone: 519-824-4120 ext. 58701
Fax: 519-767-1670
Email: housing@uoguelph.ca

RESIDENCE ADMISSIONS USE ONLY:

Date Received: ___________________________ Deemed Complete: [ ]
Student Assignment: ____________________________________________________________