



IMPROVE LIFE.

STUDENT HOUSING SERVICES

CONFIDENTIAL

ACCOMMODATION REQUEST FORM

This form is to be completed by applicants who require accommodation under the Ontario's With Disabilities Act or the Ontario Human Rights Code.

Deadline Date: Completed forms must be submitted with the Residence Application.

New First-Year students: **June 1, 2018** Upper-Year Students: **May 1, 2018**

PLEASE NOTE: Although we make every effort to accommodate your needs, we cannot guarantee that you will be assigned a specific room, room type or residence location. Each case will be reviewed and assigned to the most appropriate community at the sole discretion of Student Housing Services. To explore potential residence assignment locations for various types of special needs, please visit housing.uoguelph.ca/accommodation.

NOTE: Please complete this form in its entirety. An incomplete application will NOT be considered. All information is treated as CONFIDENTIAL according to our Privacy Policy, which can be found at housing.uoguelph.ca.

Section 1: STUDENT INFORMATION

Last Name: _____ First Name: _____ U of G Student ID# : _____

Home Phone: _____ Cell Phone _____ Email: _____@uoguelph.ca

Male Female Other Date of Birth: _____

Section 2: ACCOMMODATION CATEGORY

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

- Medical
- Cultural or Religious
- Dietary
- Mobility
- Learning Disability
- Psychological/Mental Health
- Hearing/Vision
- Other/Please specify _____

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: To Be Completed by an Attesting Professional:

The following professionals may complete this section to support your request for consideration for residence assignment, only if they are directly treating, counselling or associated with your circumstances: medical doctor, licensed counsellor, recognized religious official, or member of University of Guelph's Student Accessibility Services. A separate attached document from the professional is also acceptable in lieu of completing Section 3, if it clearly specifies and supports your room requirement(s).

Diagnosis / Condition (optional) _____

Disclosure of diagnosis is optional. The purpose of requesting disclosure is to identify appropriate options for residence accommodation for the identified condition. Specific accommodation needs are to be outlined on the page overleaf.

Section 3 continued

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Private Room | <input type="checkbox"/> Daily access to kitchen | <input type="checkbox"/> Main floor accommodation |
| <input type="checkbox"/> Low washroom ratio | <input type="checkbox"/> Single Gender | <input type="checkbox"/> Motorized mobility (ie. wheelchair, scooter) accessible |
| <input type="checkbox"/> Strobe/Bedshaker | <input type="checkbox"/> Service animal | <input type="checkbox"/> Student-supplied equipment |
| <input type="checkbox"/> 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. h*

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: Entered in THD:

Student Assignment: _____