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 on next page...
Section 3 continued ....

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 (ie. wheelchair, scooter) accessible
- [ ] Strobe/Bedshaker
- [ ] Service animal
- [ ] 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  Phone: 519-824-4120 ext. 58701
Maritime Hall, University of Guelph  Fax: 519-767-1670
Guelph, ON N1G 2W1  Email: housing@uoguelph.ca

RESIDENCE ADMISSIONS USE ONLY:
Date Received: _______________________________  Deemed Complete: [ ]  Entered in THD: [ ]:
Student Assignment: ____________________________________________________________