

STUDENT DISABILITY/MEDICAL ACCOMMODATION REQUEST FORM

1. Stanford ID#: \_\_\_\_\_ 2. Birthdate: \_\_\_\_\_ 3. Date of Request: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Last Name First Name Middle Name

5. Category of Housing:

- Single Undergraduate Housing
- Single Graduate Student Housing
- Couple without Children Housing
- Student with Children Housing

6. Quarter: I am applying for or requesting disability-related accommodations in Student Housing for

beginning Spring Quarter 2017-18

**NOTE:** The Housing Accommodation Request Forms for **Summer 2018 Academic Year 2018-2019** will be available to students registered with the OAE on **Monday, 26 March 2018**. Log in to **OAE | CONNECT** at **OAEconnect.stanford.edu** and click on the "Housing & Dining Gear" for more information.

7. Student Status:

- Undergraduate
- New Graduate Student
- Coterminal Student applying for Graduate Housing for the first time
- Continuing Graduate Student
- Non-matriculated Student (including post-doctoral scholars)

8. Current Assignment: (for accommodation requests after the Draw deadline) I am assigned to the following residence in Student Housing:

Residence Address (Building Name and Unit #): \_\_\_\_\_

Type of Unit (check one):

- Single  1-3-room double, triple or quad  Single or double in shared undergraduate apartment or suite
- Couple without children  Student with children  Shared graduate apartment, efficiency or jr. studio  Standard or premier studio

9. Group Information: (If applying with a group, list Group Members below): Both summer and single graduate housing applicants may apply with up to three group members. Undergraduate housing applicants may apply with up to five group members only during the annual housing Draw. Each of the members must have the same guarantee level and undergraduate use the same tier. Each must also sign this form stating an understanding of policies regarding accommodation applications and assignments. By signing this form, group members relinquish their right to participate in the regular assignment round and agree to be placed with you in the residence to which you are assigned. **Please note that the requester and each group member must also submit their housing applications in Axess by the required deadline.**

SUID Number	Name	Signature
1.		
2.		
3.		
4.		
5.		

10. Accommodation request details:

What is your specific accommodation request? If your request includes architectural modifications or adjustments, please be as detailed as possible. If your request is related to dining, please detail your restrictions and/or access needs as thoroughly as possible.

Please describe how your disability impacts your housing needs and why you are requesting an exemption from or accommodation within the regular Student Housing processes. You may attach additional sheets if needed. This information may be shared with Housing Assignments (and/or Residential and Dining Enterprises if related to food restrictions/access conditions) during the Draw and subsequent assignment rounds in order to best accommodate your disability.

11. Please initial below to indicate your understanding of and agreement to the Disability Accommodation Request Process:

I have registered with the Office of Accessible Education and supplied the required medical documentation that supports my request. (Registration instructions and documentation guidelines by disability type are available on our website: <https://oae.stanford.edu/students/registering-oae>.)

Initials: \_\_\_\_\_

I have completed a Housing Application in Axess and listed my residence choices in order of preference. (Please note that If you do not list a sufficient range of residence choices, you may be assigned to a residence that you have not listed as a choice but meets your needs, at the discretion of the Housing Assignments office and the OAE.) A list of accessible residences, online tours, and rates are available on the Student Housing website: <http://rde.stanford.edu>.

Initials: \_\_\_\_\_

I am willing to live in any residence that meets my disability-related needs.

Initials: \_\_\_\_\_

12. Signature: By signing this form, I affirm that I have reviewed the above listed choices, and that I am willing to live in any residence that meets my disability-related needs. I also affirm that I have read the applicable web pages for the type of housing and term that I am requesting, and understand and agree to the terms set forth therein.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Email Phone