University of Louisville
Housing Accommodation Documentation

In order to determine appropriate accommodations for students with disabilities residing within University of Louisville Campus Housing, it is often necessary for the Disability Resource Center to obtain information about the nature of a student’s disability, its impact, and the student’s disability-related needs within the residential environment from the student’s doctor, mental health provider, or other medical professional.

Please return completed form by mail to Disability Resource Center, 119 Stevenson Hall, University of Louisville, Louisville, KY, 40292, by fax to 502-852-0924, or by e-mail to askdr@louisville.edu.

Note: We ask that providers indicate only what elements are necessary in light of the individual’s disability, as opposed to what elements may be preferred. The student will still have the opportunity to indicate other preferences they may have, which will be considered based upon availability.

Student Name: ______________________________________________________________

Student D/O/B: ______________________________________________________________

What is the nature of the student’s disability?

How is the student impacted by the disability in the residential setting?
What does the student need in the residential setting, and how do these features mitigate the effects of the student’s disability?

- If requesting a private room, can the student share living space with other students? If no, please explain.
- If requesting bathroom access, can the student share an adjoining restroom with roommates? If no, please explain.

Provider Name & Credential: ________________________________

Address: ____________________________________________

Telephone: __________________________________________

Fax and/or Email address: ________________________________

Professional Signature: _________________________________

License #: ___________________________________________

Date: _______________________________________________