



MONTCLAIR STATE UNIVERSITY

REQUEST FOR HOUSING ACCOMMODATIONS

The Office of Residence Life and the Disability Resource Center work together to accommodate students with disabilities or medical needs in the residence hall setting. Medical accommodations may be requested by students with physical or psychiatric disabilities and will be reviewed on a case by case basis. A review of your request and the submitted medical documentation will be used to determine if your request is both reasonable and appropriate under the law.

This process is for students who have disabilities. Federal law defines a disability as “*a mental or physical impairment that substantially limits one of more major life activities.*” The presence of a disability and/or medical condition does not guarantee that your request will be approved. The degree of impairment or functional limitation must be significant enough to make the accommodation necessary.

Accommodations can only be granted if appropriate space is available. Assignment to a specific residence hall and roommate preference cannot be guaranteed. **Learning disabilities or attention deficit disorders do not warrant special housing accommodations.**

In order to request housing accommodations, you must:

- Pay your housing application fee on time. If your payment is late, your accommodation request will be considered, but cannot be guaranteed.
- Complete Forms 1 and 2. (attached)
- Have your medical provider complete Form 3. (attached)

-Note that medical documentation from family members will not be accepted.

-All requests must be submitted to the Disability Resource Center by March 15th for fall placement for returning students. Spring requests must be submitted by December 15th.

-All requests from incoming freshmen and transfer students must be submitted by May 11th.

-All completed forms must be submitted to the Disability Resource Center, Webster Hall 100. Forms may be faxed to 973-655-5308 or emailed to drc@mail.montclair.edu.



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Form 1 – To Be Completed by Student

Student Name _____ MSU ID# _____

Permanent Address _____

Cell Phone number _____

Email address _____

I am requesting housing accommodations for (semester) _____

Please specify the medical or psychological disability for which you are seeking accommodations

Please specify what accommodations you are requesting

Are you currently being treated by a physician or other medical professional for this disability? _____

What is your medical professional's name, address, and phone number?

Please provide a thorough explanation of how the request relates to the need. Describe how this accommodation will reduce the impact of your disability



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Form 2 – To Be Completed by Student

Release of Information and Statement of Understanding

I have read and understand the Montclair State University procedures for requesting housing accommodations, and I agree to the terms and conditions.

I understand that incomplete forms will not be considered. A completed request consists of:

- Form 1 to be completed by student
- Form 2 to be completed by student
- A completed and signed Form 3 submitted by my medical practitioner

Forms should be submitted to The Disability Resource Center
Webster Hall 100
Fax number – 973-655-5308
Email – drc@mail.montclair.edu

I understand that this request is for a housing accommodation that meets my documented needs. Building, room type, and roommate requests are not guaranteed.

I understand that that my personal medical information will be shared on a “need to know” basis with other university offices.

By my signature below, I give my consent to the Disability Resource Center to contact my physician if additional information is needed. Any such discussion will focus on the disability disclosed on this form only.

Denied requests may be appealed through the University’s internal grievance procedure which can be found at:

<http://www.montclair.edu/disability-resource-center/policies-procedures/#grievance>

Student Signature _____ Date _____



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Form 3 – To Be Completed by Medical Professional

To consider this student's request for an accommodation in the residence halls due to disability, Montclair State University requires documentation of the student's disability from the treating clinical professional or health care provider thoroughly familiar with the student's condition and functional limitations.

Student name _____ Date _____

Diagnosis (please include diagnostic code)

Treatment Plan

Does the student's disability significantly limit any major life activities? If so, please indicate the major life activities and provide details of limitations and how they relate to living in a residence hall

Accommodation(s) recommended:

Please describe the type, severity, and frequency of symptoms related to this disability.

Is this request medically necessary or recommended to enhance the comfort and convenience of the student? If medically necessary, please explain how the accommodation relates to the impact of the condition.

If this accommodation could not be provided, what would be the medical impact on the student?

This section must be completed for this form to be valid

Name _____

Title _____ Specialty _____

Office Address _____

Phone _____

License/Certification # and state of license _____

Signature _____ Date _____
