Dear Student,

In an effort to effectively respond to student requests for special housing modifications or accommodations, the University has created the Special Housing Request Committee. The committee is made up of a group of GMU professionals representing Disability Services, the University Health Center and the Office of Residence Life.

In order to fully evaluate your request, the Special Housing Request Committee, will need documentation of your condition or disability. Documentation should be current and comprehensive in light of the request and consist of an evaluation by an appropriate professional that describes the current functional impact of the condition or disability as it relates to the housing modification or accommodation requested.

Documentation provided will be used by the Committee to evaluate your request. The Committee will generate a list of potentially reasonable modifications or accommodations based on:

- Information provided by the diagnosing professional
- Potential effectiveness
- Maximum level of integration
- Potential for an undue financial or administrative burden

GMU reserves the right to request additional documentation if the information submitted appears to be outdated, inadequate in scope, or content, does not address the student's current level of functioning or substantiate their need for modifications or accommodations. Students will be notified in writing of the Committee’s decision.

**Deadlines:** A fully completed *Certification of Condition or Disability Form* must be received by the Special Housing Request Committee by March 1st for returning GMU students that are new to housing and by May 1st for freshmen. Requests received after the stated deadlines will be considered on an as available basis.

The attached *Certification of Condition or Disability Form* has been developed to assist you in working with your diagnosing or treating professional to prepare the information needed to evaluate your request. **Please complete the attached form and return it to the Special Housing Request Committee.**

Questions about the Special Housing Request process may be directed to the Special Housing Request Committee at shrc1@gmu.edu or by contacting the Office of Disability Services at Phone (703) 993-2474.

Special Housing Request Committee
George Mason University
4400 University Drive
MSN: 5C9 / 2500 SUB 1
Fairfax, VA 22030
Shrc1@gmu.edu
Special Housing Request Form

Certification of Condition or Disability Form  PART 1 of 2

To Be Completed by the Student

1. The Special Housing Request Committee will be unable to consider any requests for housing modifications or accommodations until all the requested information is received.
2. Fill out your name, address, Student ID, date of birth, in the space provided below.
3. Have a qualified diagnosing/treating professional, who is familiar with your condition or disability complete PART 2 of the form. You may need to explain the purpose of the form to your clinician.
   Note: The diagnosing/treating professional should not be an immediate family member.
4. Return this form, along with any supporting documentation to:

   Special Housing Request Committee
   George Mason University
   4400 University Drive
   2500 SUB 1, MSN: 5C9
   Fairfax, VA 22030
   Fax: 703-993-4306
   shrc1@gmu.edu

Student Name:

G#: Date of birth: Sex: M □ F □ Other □

Street Address:

City, State, Zip:

Home Phone:

Cell Phone:

E-Mail Address:

Current Academic Level: Incoming Freshman □ Sophomore □ Junior □ Senior □

This request is for housing in the FALL □ SPRING □ SUMMER □

Do you have a Health Record on file in the Student Health Center? Yes □ No □
Describe Your Special Housing Request (check all that apply):

- Modified equipment for deaf or hard of hearing persons, including TTY and fire alarms
- Wheelchair accessible Residential Hall
- Avoid stairs and/or must be on a lower level
- Wheelchair accessible shower
- Lowered closet rods
- Wheelchair access to elevator
- Shower seat
- Wheelchair accessible furnishings (i.e. desk)
- Other:

Explain how your request relates to your medical condition or disability:

To be complete, requests must include the student’s signature affirming agreement and clear responses to the questions above. Requests must be submitted in a timely fashion according to the deadlines for housing applications for each academic term.

As indicated by the signature below, the student submitting this request agrees that any information relevant to consideration of the request may be reviewed by appropriate University staff in evaluation and in any subsequent provision of accommodations.

Student’s Signature

Date
Certification of Condition or Disability Form

To Be Completed by Diagnosing/Treating Professional

1. Fill out your name, certification and contact information below.
2. Provide information addressing the nine separate items listed below by filling out this form or providing a printed narrative on your official letterhead.
3. Should the information requested below be contained in a current, comprehensive evaluation report – please attach a copy of the report to this form.
4. Please note: The patient should not be an immediate family member.

Student Name:

1. Diagnostic statement identifying the condition or disability:

2. Date of the most current diagnosis:

3. Date of the original diagnosis:

4. Description of the current substantial functional impact of the condition or disability on a major life activity:

5. Treatments, medications, and/or assistive devices/services currently prescribed or in use:

6. Description of the expected progression or stability of the impact of the condition or disability over time, particularly the next 5 years.

7. The condition or disability described above is:

   □ Permanent/Chronic
   □ Long term: 6-12 months
   □ Short-term/Temporary: 6 months or less

   Expected duration
8. Please list any recommendations for housing modifications or accommodations and indicate how these modifications or accommodations would mitigate the substantial functional impact of the condition or disability. If relevant, you may also choose to address issues concerning impact on academic performance, social, and emotional well-being as well as the relationship of recommendations to the treatment plan and any negative impact that might result if accommodations are not provided. Use additional sheets as needed.

Please Check The Most Appropriate Description For This Individual:

I, the undersigned diagnostic/treating professional, certify that the above named student:

Check One:

☐ Meets the definition of a disability* as defined by the American’s with Disabilities Act &Section 504 of the Rehabilitation Act of 1973.
*Impairment that substantially limits a major life activity.

☐ Has a medical condition that is not a disability, but may warrant consideration for special housing modifications.

☐ Does not have a condition that would require the requested modification(s).

Qualified Diagnostic/Treating Professional Information:

Please type or print. Thank you.

Name:

Title:

Certifications or Licensure:

Address:

City, State, Zip:

Telephone Number: Fax Number:

Email:

Signature: Date: