Accommodation Request Form

The purpose of the form is to facilitate the provision of appropriate accommodations while student is living at International House, UC Berkeley.

Please Note: *Filling out this form does not register you for the Disabled Students Program, which provides disability accommodations in academic programs. Once admitted to the University, students requesting academic accommodations are strongly encouraged to register as early as possible with the Disabled Students' Program. Visit DSP online at dsp.berkeley.edu for more information.*

Student Instructions

Complete and sign **Section One**. If you are requesting accommodations due to a disability or medical condition, please give **Section Two** to your physician or medical specialist. Your physician or medical specialist must provide a letter testifying to the medical necessity of your university housing accommodations.

Submit this form and the letter to the Resident Support Services office at RSS@IHouseBerkeley.org, International House, 2299 Piedmont Ave., Berkeley, CA 94720. Requests submitted will be considered on a space-available basis. Incomplete requests will be returned, which will delay processing.

SECTION ONE - Accommodations Request: Student

(To be completed by the Student, **PLEASE PRINT**. You may attach additional sheets, if necessary)

Student Name: **SID:**

E-mail:

Please indicate the accommodations you are requesting:

Please explain the reason(s) for your request:

If you are requesting a single room as an accommodation to your disability, please describe the specific ways that sharing a room with another person is not possible due to your medical condition or disability the safety of residents) - Is there any aspect of your disability/medical condition that may, under certain conditions, pose a threat to the safety or health of yourself or other residents? If so, please describe:

Optional- If additional medical information is needed to make a determination regarding my request, I authorize my doctor or specialist to disclose medical information about me to Nayeli Vivanco at International House. Ms. Vivanco may also contact my doctor or specialist directly for the sole purpose of facilitating my request for housing accommodations.

Student Signature: _____   Date:

Physician Name: Physician Telephone Number:

SECTION TWO - Medical Information

(To be completed by a medical provider)

Medical Provider Instructions

Dear Medical Provider:

This student is asking for accommodations while living at International House, UC Berkeley. We appreciate you taking the time with your busy schedule to inform us about this student's medical condition. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request and reduce the need to return to you for additional information.

Please submit your response on official letterhead from your office. Handwritten responses and/or notes written on prescription pads will not be reviewed, meaning that we will be unable to grant the housing accommodation. Incomplete requests will be returned and processing will be delayed.

To assist us in reviewing this request, please answer the following questions in your letter:

1. How long has this student been under your care?

2. How often do you see the student?

3. Please describe the nature of the condition or disability and specify why it is medically necessary for this student to be placed in a single room. Please specify how the condition or disability prevents the student from living in a double room with a roommate.

4. What is the treatment plan for this student (if applicable)?

5. When signing your letter, please include the following language, "I hereby certify that this student's condition makes it medically necessary that she/he/they cannot live in a double room, with a roommate, and must live in a single room."

Return to: International House, 2299 Piedmont Ave., Berkeley, CA 94720 or Attention: Nayeli Vivanco, Resident Support Services Manager. RSS@ihouseberkeley.org. This information will be protected as confidential and will be used only for the purpose of providing housing accommodations.